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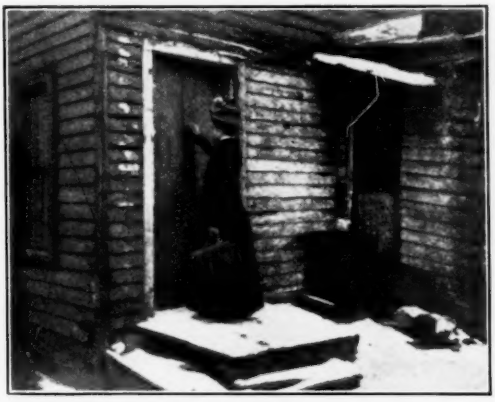

The Editors of the Public Health Nurse Quarterly have prepared a Public Health Nursing Lantern Slide Exhibit of general and representative interest and educational value. This Exhibit is especially designed for use by those who are seeking to organize Public Health Nursing in a community, or otherwise to promote an intelligent interest in this important and ever-broadening branch of public health work. The Exhibit, which is accompanied by a descriptive lecture, gives a brief review of the origin of Public Health Nursing; and follows the Visiting Nurse in her work, shows the kind of homes she visits and the patients for whom she cares, including maternity, baby, school, tuberculosis, factory, "shut-in" cases, etc. The Exhibit consists of fifty slides and will be sent, carriage paid, to any part of the United States for a charge of five dollars. It may be kept for one week. For further inquiries, arrangement of dates, etc., write to

THE PUBLIC HEALTH NURSE QUARTERLY
612 St. Clair Avenue, N. E. **Cleveland, Ohio**

Are You Interested in Public Health Nursing? If So, You Should Belong to the

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What Does the National Organization Give? It co-ordinates Public Health Nursing throughout the country; it furnishes standards of nursing service; it gives advice on administrative or nursing problems; it directs nurses in their efforts to secure proper nursing training; it distributes occasional bulletins containing valuable educational material; and it supports an Executive Secretary who is at the service of any community which is in need of advice.

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1.	Active Membership (nurses only)	$ 1.00
2.	Associate Membership	3.00
3.	Active Corporate	10.00
4.	Associate Corporate	5.00
5.	Sustaining Membership	25.00 or more

The Public Health Nurse Quarterly is the Official Organ of the National Organization for Public Health Nursing

THE QUAINT FOREIGN ATMOSPHERE OF NEW ORLEANS FORMED A DELIGHTFUL BACKGROUND TO THE CONVENTION

The
Public Health Nurse Quarterly

VOL. VIII JULY, 1916 NO. 3

Editorials

I.

The Fourth Annual Report of the National Organization for Public Health Nursing

The special Convention issue of the Bulletin constitutes, in fact, the Fourth Annual Report of the National Organization for Public Health Nursing. Every member of the Organization receives this Bulletin and there is no need, therefore, to particularize regarding its contents; but it forms a record of the responsibilities and achievements of the Organization which cannot be allowed to pass without mention here.

The wise guidance of the officers and directors, both in general policy and in the particular problems which have arisen, and the devoted efforts of the chairmen and members of the various standing committees have resulted in many important constructive accomplishments; they will be found as the ground

work upon which the larger group of members present at the Convention meetings was able to base its decisions and to lay down its plans for the coming year.

Miss Crandall's report presents a record of quite remarkable achievement. The responsibility of the National Office is in itself a heavy burden; to mention only a small part of the activities of this office, there have been approximately 724 interviews regarding matters of organization, administration, policies of extension and development, staff service and educational guidance. Miss Crandall has served as Instructor at Teachers College; as Director of the American Nurses Association; Chairman of a Committee on Education in Tuberculosis for Student Nurses of the National Association for the Study and Prevention of Tuberculosis; and as member of some five or six other committees similar in character and importance. All this activity represents, however, but one side of her services; greatly as these have been needed in the office, the field has called her no less incisively, and perhaps one of her chief difficulties has been to decide between rival claims nearly all of which merited the attention which it was only possible to give to a few.

During the year 1915 Miss Crandall's itinerary covered 63 cities, involving 32,021 miles of travel; she gave 83 public addresses and held 91 conferences. This does not include the Southern trip made at the beginning of this year, in which she visited 23 cities and towns in North and South Carolina, Georgia, Florida, Louisiana, Texas and Virginia, including 4160 miles of travel, 55 addresses, 46 conferences and the inspection of many varied forms of public service.

These figures cannot possibly give an adequate idea of the expenditure of energy, both physical and mental, which lies hidden behind them. One visit to a city may include several public addresses before such diverse audiences as gather in a church, city hall, chamber of commerce, training school for nurses, or women's college; conferences with health officials, school superintendents, social workers, directors, superintendents and staff nurses of public health nursing organizations; visits to hospitals, settlement houses, tuberculosis camps, county and municipal institutions.

Some of the immediate results of these visits have been the reorganization and extension of public health nursing work in many communities; the separation of health work from charities; improved standards of work, workers and records; the creation of a division of Public Health Nursing in a State Department of Health; requests for qualified superintendents and staff nurses; besides the organization of new associations and the call to fill important new offices.

Every true cause possesses its own motive power within itself; but the spark which sets it in action is the personal word, the personal intercourse. It has been Miss Crandall's great service and privilege to apply this vital spark to the latent force within these many and varied communities; and the result must needs be an access of energy which no man can measure and which shall extend in its effects far beyond our day and generation.

II.

Training Schools and Public Health Nursing

It was generally agreed by all Public Health Nurses in attendance at the New Orleans Convention that one accomplishment stood out in high relief against the whole category of good things which happened.

It was the unanimous rising vote of the National League of Nursing Education which registered the pledge of all its members present to introduce just as rapidly as practicable into their States as well as their own schools the outline of an introductory course in Public Health Nursing prepared and recommended by the Standing Committee on Education of the National Organization and endorsed by the Committee on Education of the National League.

The action was the more significant because it followed a series of searching papers dealing with various demands on Schools of Nursing at the present time. Both the papers and the discussion showed very clearly how serious is the problem of adjustment of established traditions and new requirements which the Superintendents of our schools are facing; but they also brought out more sharply than ever the imperative need

of freeing schools of nursing from all hampering influences, such as the economic pressure of the hospitals, in order that they may develop in response to changing and growing needs.

On the other hand, a very real danger attends the introduction of even this very limited introductory course which requires the students to have some practice outside the hospitals. Unless both the schools and the Visiting Nurse Associations regard and treat the student strictly as a student and not as free labor to supplement the staff, there will be sure to follow a repetition of the old and nearly eradicated practice of exploiting the student by sending her out to private practice.

Furthermore, with the best intentions in the world, many institutions without suitable facilities even for thorough technical training will attempt to do it, largely as a means of attracting more students (just as they have introduced three year courses without being able to provide their students with clinical experience worthy of two years).

The Commissioner of the League has incorporated into its proposed standard curriculum more than the equivalent of the work in our course, but most of it is correlated with the regular studies.

There is even a course in adapted nursing, which signifies technical procedures with improvised equipment. This spells progress even for our most advanced schools, while our Committee's more modest course is within the range of possibility of many others.

There is nothing in the whole range of Public Health Nursing so immediately imperative as increasing the "supply" of adequately prepared women for this new field, and everyone agrees that its formal recognition in the Schools of Nursing is striking at the root of the matter.

III.

The University and the Training of Public Health Nurses

While the introduction into hospital training schools of the program prepared by the Committee on Education of the National Organization for Public Health Nursing marks an

important step in the education of *all* nurses, another most significant development has been taking place in regard to the special training for public health nursing, in the recognition of such training as a part of their activities by several Universities.

To Columbia University belongs the distinction of having been the first to recognize this obligation and opportunity; the Henry Phipps Institute, of the University of Pennsylvania followed; and a few months ago Western Reserve University opened a Course in Public Health Nursing in its School of Applied Social Sciences. Within the last few days, Simmons College has created a Department of Public Health Nursing; and the Ohio State University has established a similar Course in its Department of Public Health and Sanitation, which is a part of the Medical School of the University.

The realization that the post-graduate training of the public health nurse is properly a function of the University is surely fraught with many wonderful possibilities for the future.

IV.

Public Health Nursing and Women's Clubs

Second only to the question of Public Health Nursing education is the resolution passed at the National Organization Convention addressed to the General Federation of Women's Clubs. Hundreds of local clubs have done pioneer work in Public Health Nursing, but their Federations have given very little formal recognition to the cause until this spring, and, with the exception of Florida, have never included it among their public health activities. This year, however, North Carolina, South Carolina, Delaware and Indiana State Federations have given it a place on their programs, and the Executive Secretary of the National Organization for Public Health Nursing was invited to present a fifteen minute paper at the Public Health Conference of the General Federation of Women's Clubs held in New York last May.

After urging the club women to interest themselves in the state laws concerning nursing education; to use their influence to force out of existence short term and correspondence

schools of nursing; to inform themselves regarding the curricula of representative schools and to foster post graduate schools of nursing, Miss Crandall continued:

"And when you have been convinced that the opportunities in nursing are as varied and as satisfying as those in any other avenue of self-expression open to women—will you not encourage your own cherished daughters to enter this field, if your daughters are so inclined? This may seem a far cry from Public Health Nurses, but I assure you it is not. It strikes at the very root of the question of supply and demand. Public Health Nursing needs educated women, and our schools must attract them . . . . It calls for a high type of woman, possessing culture, originality and initiative, and with a well developed social sense and vision. The demand already far exceeds the supply. Some leaders honestly doubt the justifiability of stimulating further development of the work until more qualified workers are available . . . . But it is not a case of stimulation. The demand is at our door and will not be turned away. Hence, in behalf of Public Health Nursing as it is today, will your members not exert their individual and collective efforts in their several communities toward the coördination of all Public Health Nursing activities and the maintenance of uniform standards? Will they not give a hearing to some phase of Public Health Nursing at least once a year; and will not this great body of women introduce into their platform a definite program in behalf of the extension of Public Health Nursing to meet the great human need of sickness care and of health education?"

V.

The President of the National Organization

The National Organization is fortunate in having for its new President one who, as Vice-President, has already been a tried and trusted director of its policies and a participator in its various activities.

Miss Beard's position as Director of the Instructive District Nursing Association of Boston gives her a broad executive outlook which will be of the greatest value to our Organiza-

tion; and we know that she has courage and vision to meet the responsibilities which lie before her. We very earnestly wish her every success in her new office.

In welcoming our new President we wish also to refer to the unusual services of Miss Gardner, the retiring head of the National Organization. Perhaps an extract from a tribute recently paid to her by Miss Crandall will show better than anything we can say how great these services have been. Referring to Miss Gardner, she said:

"In spite of her illness, in spite of her isolation on account of her illness, in spite of such constant physical pain as to have lost her many whole nights' sleep and many hours in practically every night, she has shown the clearest discernment, the keenest discrimination, the finest judgment, the most unfailing fidelity to all our ultimate purposes and ideals that it is possible to conceive. I could not have expected, I could not have credited in advance to any one of us so much as she has actually rendered, and I speak not from my judgment alone, but for every member of our office staff. We have sent to her many times whole folios of correspondence dealing with various important subjects, of which she had heard nothing until the correspondence reached her, and within an incredibly short period answers would come back to us which clarified the whole question even to us who perhaps had been giving hours of careful discussion to it. I say without any lack of appreciation of the services of every other Director and Officer of our Organization, that without the assistance of conference with others, without the contact of the outside world itself, she has rendered better judgments than any of us. There is not a word of exaggeration in this, it is the literal truth, and we have found it so over and over again in these past three years. Without her, it seems to me that sometimes we must have fallen by the way when momentous matters were hanging over our heads and it was difficult to tell which way to turn, or if it were wise to turn at all."

We are indeed glad that Miss Gardner's appointment as a Director will enable the National Organization still to profit by her assistance and advice to the fullest extent to which she is able to give it.

Notes on the High Lights of the Convention

M. Josephine Smith

The Fourth Annual Convention of the National Organization for Public Health Nursing, which met in New Orleans from April 27 to May 3, is generally conceded to have been most successful, both from the point of view of the number of members present and also of the interest and helpfulness of the various meetings.

The vitality of many of the papers read at the General Sessions and Section Meetings was evidenced by the eagerness with which the problems that they raised were discussed at the Round Tables provided for that purpose. In several of the divisions, however—namely, those on General Visiting Nursing, Rural Nursing and Industrial Nursing—no papers were given; but despite this fact some of the most interesting conclusions of the Convention were reached at these meetings.

All the discussions were of the greatest interest to everyone present and there was no meeting which did not present suggestions of real practical value; but there were certain outstanding decisions of such general and important application that they should be carefully studied, not only by members of the National Organization, but by all who are in any way actively interested in the problems to which they refer.

The real value of a Convention, after all, is measured not so much by rapt attention to an able paper, nor the enthusiasm of a Round Table meeting; but rather by the ability of those present to take back to their various communities some definite plan of action to be followed out during the ensuing year. The New Orleans Convention was especially rich in decisions of such practical import; and in order that some of them at least may be brought to the attention of those who were unable to be present at the Convention, but who would wish to benefit by its conclusions, the following notes have been written. They do not in any way attempt to outline the meetings as a whole,

but merely to point to some of the larger aspects which were generally felt to be of especial value.

Suggested Program of Subjects to be Introduced into Training Schools, Prepared by the Committee on Education

The Committee on Education of the National Organization for Public Health Nursing has suggested certain Public Health Nursing subjects to be introduced into training schools. The recommendations include the following:

First Year: Observation in district nursing or social service department. Sickness as a social problem—social and economic causes of sickness (including Hygiene and Sanitation).

Second Year: Social Aspects of Special Disease Problems.

Third Year: Types of Public Health Nursing.

An Elective Course was also outlined in the Report of the Committee, providing for a period of practical work in Public Health Nursing.

At a meeting of the National League of Nursing Education those present voted unanimously to go back to their states to introduce into the training schools the recommended course of lectures, observation and practice on public health nursing submitted by this Committee.

The Program was warmly discussed at a Round Table meeting of the National Organization and at the final Business Session. It was clearly brought out that the Committee would only endorse the giving of training by those training schools and associations which are so equipped to provide careful supervision and proper class work as to place the training absolutely upon an educational basis; and would use all its influence to prevent exploitation of student nurses by public health nursing associations, or by hospitals as an inducement to obtain pupils.

It was also plainly defined that the suggested program did not in any sense provide a Course in Public Health Nursing; that it was not instituted primarily for the development of the public health nurse, but rather from the desire that every nurse should have an opportunity to acquire the social point of view of disease—that she might make a better institutional nurse,

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a better private duty nurse, and a more intelligent assistant in social service work during her hospital training. Frequently her knowledge of family conditions is so limited that her services in the out-patient department are handicapped, and she is unable to coöperate in the efforts of the public health nurse who, after much difficulty and patient persuasion, has brought a patient to the point of going to the hospital dispensary for treatment.

It is interesting to note that the Standing Committee on Education in the League, following the suggestions of this Committee of the National Organization, has embodied in the standard curriculum for schools at large not only this course, but more; and that, instead of standing out as a course in public health nursing, nearly every part of it is correlated with subjects that have been taught in training schools for nurses for many years. This simply emphasizes the point that public health and social service interpretations of disease and of nursing service are now considered as integral parts of the training of *all* nurses.*

The Public Health Nurse and Her Relation to the Giving of Material Relief

The two Round Tables on Rural Nursing Problems provided one of the most interesting and important discussions of the Convention—that of the relation of the public health nurse to the giving of material relief.

Whereas the position of the larger organizations in communities where there are separate relief giving agencies was comparatively simple to define—namely, that they should entirely disassociate themselves from the giving of material relief—the difficulties of the rural nurse in regard to this question were very distinctly brought out. It was shown that quite often in rural districts there is no social agent except the nurse and she is the only person in the community who has any idea of the principles of relief giving; if she forms a separate committee to

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* A paper by Miss Katharine Tucker on "The Training School's Responsibility in Public Health Nursing Education," is published in this issue of the QUARTERLY.

handle the collection and distribution of funds for material relief it is to her that its members look for direction and advice as to the administration of such funds; and if she refuses to give her assistance she must see the work either left entirely undone or else seriously mismanaged. In answer to this difficulty, however, the opinion was expressed that even in the most ignorant committees there is good material which can be developed in time, and that it is sometimes necessary to see work done badly for a little while until people can be educated to do it well.

The feeling of the meeting was expressed in a motion to the effect that "Where relief giving is regarded by the public health nurse as an indispensable part of her service to a community, she organize, if possible, a committee to supervise it apart from her own public health nursing organization."

The Board of Directors of the National Organization for Public Health Nursing was also authorized to express the sense of this motion to the National Conference of Charities and Correction, in order that relief workers and social workers may know the position taken by the National Organization in regard to the matter.

Affiliation of Public Health Nursing Organizations with Women's Clubs

The Session on Organization and Administration led to a most important development in the form of a motion that the Committee on Resolutions be asked to draft a Recommendation, which was passed in the following form: "Whereas the National Organization for Public Health Nursing recognizes that the initiation and growth of public health work has been largely due to the efforts of women in their communities, and Whereas the Organization feels that further development can be effected most successfully only by the close association and coördinated effort of women's clubs and nursing associations, Be it Resolved that the National Organization for Public Health Nursing urge its local and state corporate members to lose no opportunity to affiliate, for their mutual benefit, with local and state organizations of women; that the National

Organization seek at the earliest possible opportunity to come into organic connection with the National Federation of Women's Clubs; and that we urge women's clubs, local, state and national to earnestly consider the promotion of public health nursing as their next great field of endeavor."

A paper on the relation of Public Health Nursing to the Federation of Women's Clubs, contributed to the meeting by Mrs. W. W. Thornton, Indiana State Chairman for the National Organization for Public Health Nursing and also a member of the Public Health Committee of the Indiana State Federation of Women's Clubs, gave a very complete survey of the many opportunities for mutual helpfulness which have already been recognized by members of these two great national groups, and outlined further ways in which they may coöperate in the future.*

The Standardization of Records and Statistics

The question of uniform records was one which came up in several forms at various meetings.

The Report of the Committee on Records and Statistics recommended the adoption of a standard record card for general visiting nursing service which should be available for small associations and isolated nurses; and that the larger associations, particularly municipal boards, etc., be asked to embody in their own record forms the data contained in the cards provided by the National Organization, covering the ten points of vital statistics required by the Committee, namely:

1. Sex. Male or female (M. F.)
2. Marital relation. (Single, married, widowed (S. M. W.)
3. Race. White or colored. (Wh. Col.)
4. Age.
5. Place of birth.
6. Nationality of father, of mother.
7. Occupation.
8. Diagnosis.
9. Number of visits.
10. Condition on discharge.

* An abbreviation of Mrs. Thornton's paper is published in this issue of the QUARTERLY.

One of the points for discussion at the Round Table on Industrial Nursing was that of record cards for Industrial Nurses; and a motion was passed requesting the Committee to prepare record cards for use in the various types of Industrial Nursing, embodying the ten vital statistics, which can be presented to industrial organizations seeking information on Industrial Nursing; and that the Committee suggest, in submitting records to firms, that the employee be considered from the family as well as from the industrial view point.

At the meeting on Organization and Administration great emphasis was laid upon the necessity of establishing and maintaining uniform standards in public health nursing. Special reference was made to Dr. Frankel's paper on "Standardization of Financial Statements for Visiting Nurse Associations;" and Miss Huber's paper on "The Relation of Overhead to Staff Expenses" called further attention to the necessity of standardization in regard to such statements.*

Public Health Nursing Under Municipal, County and State Control

The series of papers on this subject read at the evening meeting provided material for a warm discussion on various phases of the questions raised; but particular emphasis was laid on the relation of civil service to the appointment of nurses to state and civic positions.

A Resolution was passed to the effect "That if public health nursing is transferred from private to municipal control every influence be used to have advisory boards composed of people interested in standards of nursing appointed to confer with the municipal officers."†

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* Dr. Frankel's paper and that of Miss Huber are both published in this issue of the QUARTERLY.

† Papers by Dr. R. G. Paterson, Mrs. Margaret F. Sirch and E. L. Hedenberg, Dr. C. E. Terry and Miss Olga S. Halsey are published in this number of the QUARTERLY. A paper by Mrs. Ethel S. Parsons, on "Department of Public Health Nursing as a Unit of County Health Control" was published in the June issue of *The Southern Hospital Record* (Atlanta, Ga., price 25 cents).

The Position of Public Health Nurses in Regard to the Mental Hygiene Movement

A joint session with the American Nurses Association and the National League of Nursing Fducation on the Mental Hygiene Movement and the Training of Nurses for Mental Work was provided in the program of the League and proved to be one of the most vital of all the meetings. A motion was passed to the effect that the Directors of the American Nurses Association be requested to form a mental hygiene section, with mental hygiene committees in the League and National Organization; it was felt that by the formation of such a section in the larger group the general body of nurses would be stimulated to interest in the subject.

This session and the Round Table provided for its discussion had a particularly important bearing on public health nursing work, as the request was made that visiting nurse associations, whenever possible, coöperate by offering the service of the visiting nurses to do follow-up work in the homes of patients dismissed from institutions, and report to such institutions the conditions found in the homes. It was believed that this would soon prove the need for expert service in mental hygiene cases.

It was pointed out that, although the visiting nurse has not, usually, undergone any special training in mental diseases, yet she does go into a family with her eyes open for all the symptoms which may be discoverable in that family; and the Committee on Mental Hygiene felt, therefore, that while, of course, specially trained nurses are desirable, still the nurse in general work would be able to do a good deal.

It has also been found throughout the country that when a definite demand for a special service such as this is made upon the visiting nurse staff, some special lectures or instruction are provided which, if superficial, at least tend to arouse interest and a desire for more thorough preparation.*

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* A paper read at this session by Miss Elnora Thomson, on "The Mental Hygiene Movement and Preventive Measures," is published elsewhere in this number of the QUARTERLY.

An Extension of Visiting Nursing Service

The Round Table on General Visiting Nursing provided opportunity for the consideration of several important developments in regard to visiting nursing service.

The need for bringing skilled nursing care within reach of all those requiring such care is now generally recognized; and it was interesting, therefore, to receive reports of the institution of an hourly visiting nurse service in connection with two of the Corporate Members of the National Organization. In both instances this service is being found valuable to the community and satisfactory to the associations offering it.

A recommendation was made that visiting nurse associations should extend their services to all those requiring visiting nurse services, charging a fee whenever feasible, such charges to be based upon the cost to the association.

Much interest was also shown in regard to the relation of the graduate nurse to the partly trained or untrained attendant; and it was the generally expressed opinion that it was most important to have such attendants supervised by graduate nurses, rather than to leave them to work out their own problems.

Extension of Nursing Service by the Metropolitan Life Insurance Company

At a Round Table on Metropolitan Life Insurance Nursing, the chief discussion centered about the extension of this service to include two pre-natal visits to expectant mothers.

The question arose as to whether it would be better to make both visits in the early months of pregnancy, or to make one visit early and one late. The general feeling was that if only two visits be allowed they should be made close together; and the suggestion was made that associations and nurses undertaking this work should, during the coming year, keep record of their experiences in order to demonstrate how the visits might be made most valuable.

Representatives of organizations which are doing pre-natal work expressed a strong feeling that, in order to be effective, pre-natal visits should be made at least every ten days.

The Relation of Public Health Nurses to Osteopaths and Chiropractors

The Report of the Committee on Osteopathy and Chiropractics brought forth a lengthy and important discussion. There were two points for consideration. One regarded the acceptance into membership in the National Organization of nurses graduated in schools of osteopathy; but as the administration of drugs—an essential part of the training of a graduate nurse—is not, so far as is known, provided for in any of these schools, it was the feeling of the meeting that this point required no further elucidation.

The discussion of the second point, that of providing nursing service to the patients of osteopaths and chiropractors, brought to light the fact that the recommendations of the medical societies in different cities and states entirely differed as to the propriety of a nurse attending the patients of others than members of the regular medical profession.

The question was considered to be of so much importance that the meeting passed a motion referring the Report to the Committee for study during the year, and providing that, in the meantime, through the Bulletin the various societies be requested to report to the National Organization the calls that they receive for this work and the rulings that are made in the various states.

Until a further report is made by the Committee, the National Organization will continue to advise that each association be governed by the laws of its own state regarding this matter.

Round Table on the Quarterly

A Round Table on the QUARTERLY was held for the informal discussion of ways in which the magazine might be made of more value to the nurses and of how it could be brought into the hands of a greater number of people.

One of the chief points brought out was a desire for further practical articles and for material that would be helpful to the average staff nurse and the more isolated nurse.

Two formal recommendations were made: one, that a vote of appreciation be sent to Miss Brainard for her monograph

on Organization and Administration; and the other, that a similar vote of appreciation be sent to the Metropolitan Life Insurance Company for its free literature.

It was stated that a Question Corner is to be opened in the QUARTERLY, through which it is hoped that public health nurses may find help in the solution of their difficulties.

A request was made for interesting pictures of public health nursing work and also for "Stories Told by Nurses."

In these few notes an attempt has been made to gather up some of the conclusions of the Convention meetings. But there is one aspect of such meetings that no account, however comprehensive, can hope to convey to those who have not actually experienced it; for the spirit animating the discussions—the eager desire to give and to receive information—the unconscious self-devotion and earnestness—the sense of comradeship in a common cause—these are qualities which cannot be reduced to the terms of a formal recommendation. Behind many a quiet question lay months of bitter struggle and heart-rending disappointment, and the response which suggested a solution came often from the hard experience of one who looked back on years of effort and carried the recollection of many apparent failures. The decisions which emanated from such an atmosphere must surely be of more than passing interest, even to those who do not count allegiance to the National Organization as a serious duty.

It is impossible to conclude without some reference to the setting of the 1916 Convention. There were some misgivings when it was known that the national organizations were to meet so far south—misgivings which were not, perhaps, shared by those who had previous experience of the Southern atmosphere; but the result was more than a vindication of those who were responsible for the decision. The beautiful New Orleans climate, the quaintness and charm of the city and, above all, the kindly courtesy and generous hospitality of the South went far towards making attendance at the Convention the real privilege which it was universally conceded to be.

MAPS PREPARED BY MISS Y. G. WATERS FOR THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING CONFERENCE IN NEW ORLEANS, APRIL-MAY, AND FOR HER FORTHCOMING BOOK, PUBLIC HEALTH NURSING IN THE UNITED STATES AND ISLAND POSSESSIONS

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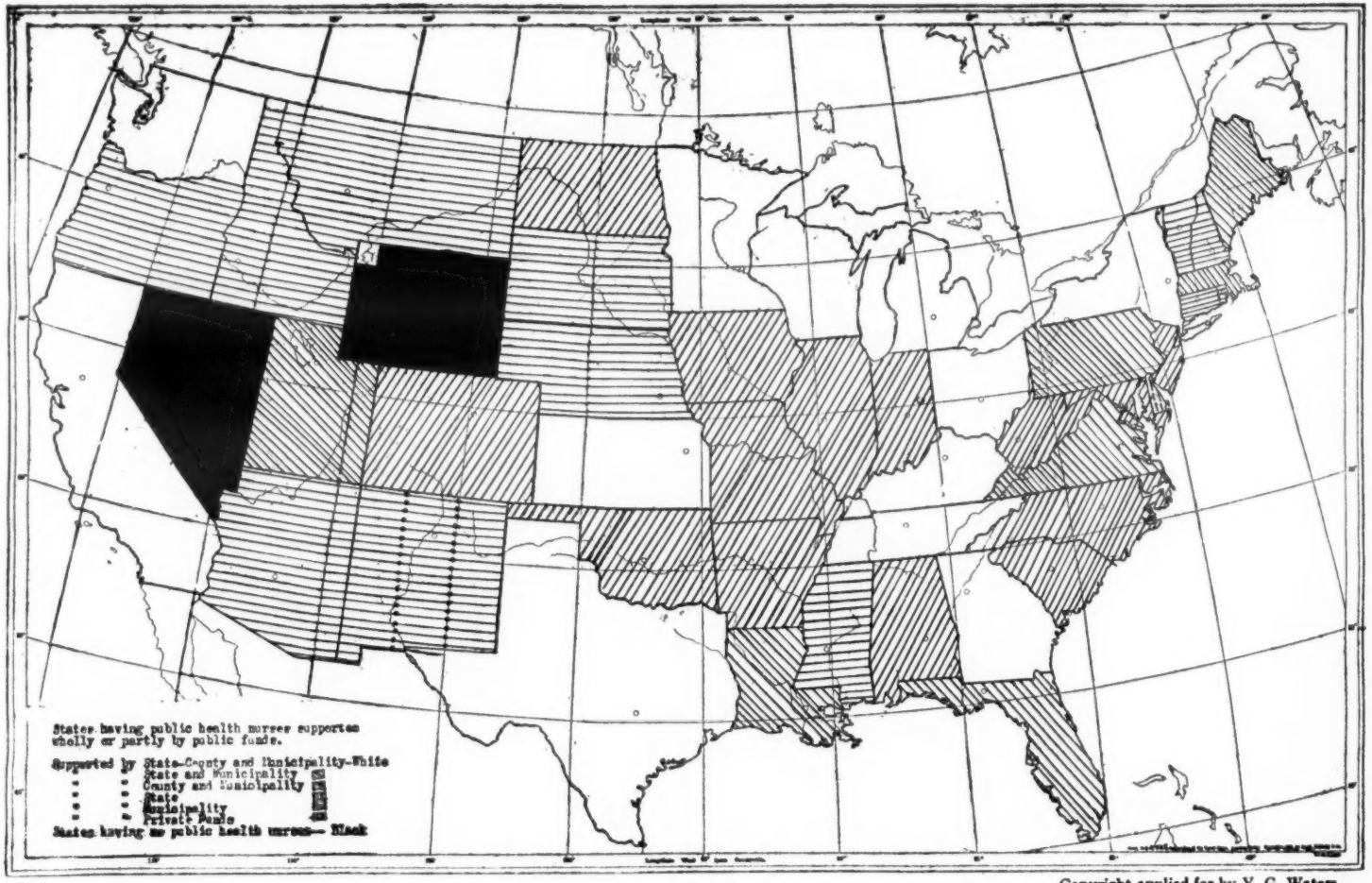

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Public Health Nursing; a Municipal Duty*

C. E. Terry, M.D.

The death rate of a community indicates, inversely, the earnings of its health appropriations. For a given amount invested, these earnings will be large or small according to the wisdom of administrative methods. This is true of all business and modern preventive medicine is based on the soundest of business principles, conservation of the raw product and economy of manufacture into the best possible finished article. Waste of material, its careless damaging and expensive production are not good business.

The aim of preventive medicine, in its broadest sense, is the production, from the material at hand, of a race sound physically and mentally. In this productive effort we are handicapped by the nature of our material, still more by our poor factory facilities, and, most seriously, by unwise administration of invested funds. It is a safe statement that, were all private enterprises conducted on the principles pursued by many of our cities in their policies of health conservation, bankruptcies would be the order of the day.

It is true that the best methods of manufacture are not all known, that the material is not all of one grade nor equally affected by damaging influences. It is also true that the amount available for investment in machinery is limited. If, therefore, we would produce to the maximum of the means at our disposal we must choose our methods and devices carefully, for, by the very nature of our undertaking and unlike any other business, we may not choose our material, sort it out and discard this or that supply but must accept all grades and, as well as we may, weave it all into the finished product. This enforced necessity for careful choice means that we must put a price on each material unit—on human life—and select such

* Address delivered before Open Meeting under auspices of National Organization for Public Health Nursing, New Orleans, April 28, 1916.

methods as will protect the largest number from waste—from damage and loss. Experience has shown us that in the individual handling or shaping of these units, lies our best hope of perfecting our structure and the methods which permit of their closest supervision will give us the greatest measure of success. No agent, in this great scheme for race betterment, has evolved more rapidly during the last generation than has the public health nurse.

In the days of the older methods there was little need for her in the make-up of a health department, but as the day of the sulphur pot and shot gun quarantine began to draw to its close; as autocratic edict and police power gave way to the first rays of the dawn of health education, state and municipal health departments that paused, in their arduous work of sweeping back the waters, long enough to take stock of their equipment, found badges and clubs aplenty, warning flags and placards of all hues, policemen and pest houses but—no teachers for their over-crowded schools—the towns and cities full of ignorant but eager pupils.

When the rôle that education was to play was first perceived, various methods were devised to supply it. The health pamphlet, containing somewhere between its lifeless covers the cold meat of a sanitary sandwich, was showered upon the householder; public talks on health topics, aimed at the community but, for the most part, reaching those whose need was least; the moving picture, the health train and housed exhibits all have done service and their utility is still being demonstrated but, in this great task of health education, we are dealing, as it were, with ungraded classes, the defectives of our sanitary life, and the personal touch, the inspiration of the singular pronoun "you," is needed to secure their interest and coöperation. The classroom for these pupils is not the public lecture hall nor are they found in the stream that, from its own volition, wends its way through the exhibit chamber, but rather must they be sought within the four walls that inclose the misery of their ignorance—the home—the fountainhead of community health or community sickness—as we choose to let it flow.

If I were asked to name the one greatest health asset of a community, I would say "the possession by its mothers of a

working knowledge of disease prevention, their ability to protect their children from evil influences, physical, social and moral." It is out of this great need for teachers to carry the lessons of hygiene and sanitation that has sprung the health nurse of today, ready to hand; equipped by special training, she had been waiting for years in our hospitals and sickrooms, the agent we had been seeking, adapted by knowledge, sex and training to our purpose.

It was inevitable that she should have thus begun her career as a health agent, in the sick room—the repair shop. Efforts to cure always precede those directed at prevention; it is the history of all welfare endeavor—the immediate takes precedence over the remote. It was also inevitable that those occupied with this earlier work, trained observers as they were, should have seen the opportunity for prevention in their studies of cause and effect.

That the field for the health nurse was first perceived and developed by private agencies is also quite natural. In every community private enterprise precedes in evolution public policies, representing as it does the experimental stage of advanced thought. At the present time, however, a public nursing service is no longer an experiment, but a well established fact—uncertain only as regards its limitations, which are far more difficult to define than those of the health organization that omits it from its constitution.

How are we availing ourselves of this potent influence—what part does it comprise in the organization of our health departments—how far may we use it to community benefit, efficiently and economically—all these and many more complex questions are daily being asked by health executives. They may not be answered hastily; at the present time they may not be answered definitely, yet we should seek some working basis for determining our future conduct.

We are in a transition period and, in determining the place of the nurse, we must have good grounds for our arguments—grounds which will appeal to our legislative and appropriating bodies. We must discover a balance between the old and the new and determine a ratio that will work for efficiency and economy in the prevention of needless sickness and deaths.

As my own department has made slow progress toward the light I have realized more and more the wasteful nature of some of our expenditures, but until I grouped our preventive weapons with the deaths from causes against which they were directed I had no conception of the grievous disproportion that existed. It is the old story of the nurse versus the sanitary inspector. In diagrammatic form is shown the distribution of our expenditure, in salaries, grouped in relation to the diseases we aim to control—the so-called preventable diseases in the ordinary acceptation of the term. Frankly, I should hesitate to mention this local iniquity, had not a perusal of the financial statements of the health departments of other cities served to lessen my chagrin, in that it showed we were part of a numerous, if misguided company.

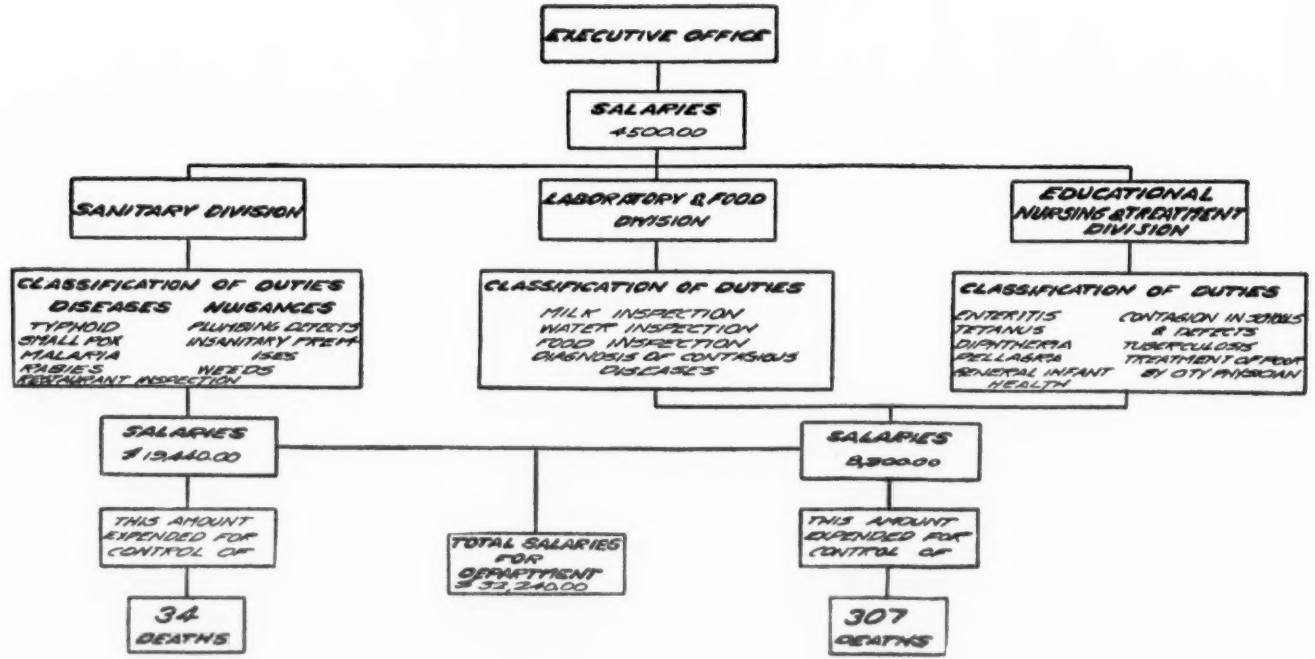
Eliminating the executive office and the laboratory, we find on the one hand salaries amounting to $19,400 paid to 19 inspectors concerned with mortality causes responsible for 34 deaths each year; on the other hand salaries amounting to $2700 paid to three nurses upon whose shoulders rest the details of control over causes responsible, annually, for 307 deaths!

These figures represent a four year average and are free from annual fluctuations. Expressed differently this situation is represented in dollars expended for inspectors and nurses as eight is to one while the requirements of the situation, in the life-saving work of these two services, are as one is to nine. The reports of seven other cities, all that were available at the moment, showed an average expenditure for sanitary inspectors of $9 to each $1 paid out for nursing service.

I hasten to add that, since this diagram was prepared, two nurses have been added to our force and I anticipate a further substantial increase before long.

As a trial basis upon which to determine the proper ratio of nurses, why not be guided by mortality causes, in some such manner as here shown, and seek to provide a sufficient number to secure, at least, as close a supervision over cases of communicable disease as we accord the garbage can and backyard? For lack of a better working formula, we might subtract from the total health appropriation the cost of the executive office, laboratory, food inspection and other general expenses, then divide

DEPARTMENT OF HEALTH
ORGANIZATION FOR 1915



the balance by the number of preventable deaths and apportion it between nurses and inspectors in proportion to the number and character of causes, with the control of which each is concerned. If this were done in Jacksonville we would employ about six inspectors and fifteen nurses, practically a reversal of our present personnel.

I shall not attempt, here, to go into the details of preventive work that should be carried out by the nurse. These have been carefully worked out by others and will be planned for new fields more rapidly than will be provided the means for putting them into execution, nor in my diagram have I mentioned many causes now considered preventable, as cancer, organic diseases, certain congenital conditions and others which will eventually be included in departmental work and wherein control measures will be found through the nurse and various other social agencies. All I have tried to outline are some of the grosser imperfections in our present health organizations, that appear to me to constitute a sad waste of life and energy.

There is undoubtedly a real need for the sanitary inspector and his exact place in the personnel of the department will vary in different communities, according to local problems. In the South, where sewerage extension is slow and where insect-borne diseases enter largely into our morbidity causes, there is probably more need for sanitary policing than in the cities of the North, but in general our municipalities have not paid sufficient attention to the tremendous value of the newer methods; they have lost sight of the fact that all the quarantine and fumigation to which a family may be subjected are not of as much protection to the community as the instruction of that family in the principles of contact infection, the most common mode of disease transmission. In other words they are wasting their health funds.

When contemplating an extension of a public health nursing service we must bear in mind that the time is coming, if indeed it has not already arrived, when this should be distinctly a municipal function. The days of experiment are past and private nursing agencies have no longer any place in a community where due recognition is given to modern methods of health conservation.

The first step toward this assumption of responsibility by our cities would appear to be a coalition of private and public agencies such as has been effected in Dayton, Ohio, Cleveland and, to some degree, in other cities. The advantages are manifest both from an economic and administrative viewpoint and, I think, need no argument. I would however go further and, in my own work, have always held that the duty of the municipality is to take over entirely, under its health or welfare department, the whole program of public health nursing. I believe this is the trend today and that, curbstone politics notwithstanding, there will soon be *no* private nursing agencies, but this stage of our health movement will be relegated to the oblivion accorded volunteer fire departments and self-constituted law-and-order societies, however useful these may have been in the developmental stages of modern fire and police protection.

It is almost essential, in some varieties of work, for the nurse to possess official authority. Especially is this true in the far South, where health departments are confronted with a difficulty than which none is further from solution. I refer to the negro health problem and can best make my meaning clear with a local example, in the following quotation from my report for the year just past.

"The time has undoubtedly come also, when, if we would hope to materially improve our sanitary standing, as indicated by our death rate, we must attack earnestly that most important of Southern problems, that greatest blot of all upon our sanitary escutcheon, the unwarrantably high negro death rate. Here is a field for the most brilliant achievement and one where we have only scratched the surface here and there. The work accomplished by our one colored nurse speaks for itself and the splendid results she has obtained, under an almost hopeless handicap, hold out a rich promise, could we but extend this service in a measure commensurate with its importance.

"I realize that unusual difficulties attend this work, that, possibly, results will not reward, in like measure as among the white population, educational propaganda directed at this race. I am aware, furthermore, that the same sympathy and interest may never be enlisted to extend our preventive measures in

this quarter; yet, lest prejudice or self-interest should bar this undertaking and in order to definitely set aside any question of pure philanthropy, it might be well to consider the matter from a wholly selfish and self-protective viewpoint.

"In previous reports I have touched upon the question of race infection and have pointed out, at considerable length, that the intermingling of the races under the various circumstances of domestic and other service could not fail to carry to the whites a definite proportion of their infections. The nursery, the kitchen and the dining room each receives its quota in obvious ways; as employees in food stores of all kinds, each dish we eat is fraught with danger from their diseases; the spotless linen brought home each week bears its invisible burden and, in a multitude of unmentioned and no few unmentionable ways (the outgrowth of their ludicrous yet deadly superstitions), are we and our children daily made victims of the most unnecessary exposures. This statement is not made carelessly.

"Reference to a table of comparison will reveal the respective prevalence of certain communicable diseases in the two races, and were better reports obtainable and a greater proportion of fatal illnesses among the negroes attended by physicians, the disparity would be even more striking."

In explanation, I should say that approximately 17 per cent of all fatal illnesses among the negroes are unattended by physicians as against a little over 4 per cent among the whites. This is due both to poverty and their ignorance of the grave significance of the signs and symptoms of disease.

To set forth this race danger in a more tangible way, the following table has been prepared. Here are shown cases of certain diseases among the negroes taken from our records. They are classified by disease and occupation. In each instance the employer was white.

Pulmonary tuberculosis

Cooks	21
Nursemaids	12
Housemaid	1
Laundresses	23
Dressmakers	5
Waiters (males)	6
Assistant clerks and delivery boys in food stores	25

Cooks	18
Nursemaids	10
Housemaids	12
Laundresses	2
Waiters	4
Assistant clerks and delivery boys in food stores	4
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"In viewing these figures it must be remembered that our case reports among the negroes are quite incomplete and that, pregnant with suggestion as are these figures, the complete facts of the situation would be better shown were they multiplied by at least ten! How many innocent venereal infections among our young children are represented here; how many savory dishes are rendered veritable death brews; how many members of families where intelligence, circumstance and expert medical advice combine to exert protecting influence are thus each year marked by preventable disease. Statistics may not show nor may the most careful epidemiologist trace this increment of infection, yet reason tells us it is present if unseen.

"Of what avail our own health teachings, our individual knowledge and preventive activities, our brown-stone fronts, as it were, of sanitation if the alley and backdoor give entrance to all our training warns us to avoid? No one of us may claim immunity from this ever present threat and none may foresee where next it will strike nor recognize its blow. Protection involves carrying into the homes and institutions of this people—this even half of our human contacts—the teachings we have too long reserved for ourselves or, at most, scattered spasmodically when the most thorough and painstaking work was indicated by every aspect of the situation and interest of our race. It would be too much to hope that the same measure of success will attend such a movement among this alien race as is witnessed in similar endeavors directed at our own people, but we may not doubt that any reduction of morbidity from communicable disease among them will be accompanied, in some degree, by a lessening of our own infections."

No legislation, no amount of sanitary policing may presume to reach this situation and, indeed, it is surrounded with greater

difficulties than any problem that confronts us. Morbidity reports from this race are so incomplete as to be valueless, yet from their causes of death we know that the prevalence among them of certain communicable diseases is from two to three times greater than in our own race. A thorough survey of these conditions is needed in every southern city. This may only be had, I am convinced, through a municipally controlled nursing service, and our ignorance of these cases, of such contributory factors as housing, industrial and social conditions, as well as their very direct bearing on the welfare of our own race, present the strongest possible argument for an adequate complement of nurses. With the better knowledge thus acquired, we may hope to frame effective remedial measures in which the health nurse, from the very nature of her work and the broad humanity of its purpose, will become the most effective agent at our disposal.

Just how such a survey can best be carried on is a vexatious problem. Little or no assistance will be volunteered and, in order to make it measurably complete, it must be placed on a secure footing at the outset. Public interest does not exist for questions considered purely academic, but it may, usually, be secured if it is thought that some return will be forthcoming. Basing the undertaking upon this premise and using our few figures dealing with race infection through domestic service, I am completing now the details for a plan by which anyone desiring to employ an individual, whether white or negro, in a domestic capacity, may ask as a requisite for such employment that the prospective cook, nurse or other employee submit to an examination for communicable disease, especially tuberculosis, venereal infections and typhoid and diphtheria carriage.

This examination would be made at the city dispensary which, with us, is under the direction of the health department. In addition to the physical examination, the home surroundings of such prospective employee will be investigated through the nursing service and a certificate, covering the points of health involved, given to the subject of this examination. I believe that there is a percentage of our people with sufficient intelligence to ensure a small beginning and, once started and our findings, in general terms, made public from time to time, that

it will progress with great rapidity. This may sound visionary and impractical but the accurate knowledge of conditions surrounding even a small number of our domestics would, I believe, prove a revelation and, if it should expand to any comprehensive degree, we should be in possession of a most valuable sanitary and social survey and one which would prove a powerful lever in securing much of the reform legislation that is needed. This is, as yet, the veriest experiment and I present it merely as an idea that has been suggested to me, the outgrowth of what I know to be a most real need, namely, a more accurate knowledge of our human contacts, for mutual benefit and protection.

Similar requirements are at present in operation in some cities for employment in food stores, restaurants, dairies and other occupations involving food supplies and they would appear even more strongly indicated in private domestic service where prolonged and intimate contact may not fail to increase the risk of disease transmission. Its educational value would be tremendous on all parties concerned, and the opportunity it would afford us to disseminate health propaganda could, with difficulty if at all, be secured otherwise.

That in education lies the great future of preventive medicine is technically sound we know from even our limited experience. Its adoption by our health departments must, therefore, make for administrative economy. Just so long as health appropriations fall far short of our needs, must we weigh carefully each expenditure. We may not put into operation all known preventive measures, but must select carefully those which will give the greatest return in lives prolonged. We must choose our methods for the greatest common good. The responsibility is great, our duty clear and the means at our disposal that will carry the principles of proper living to the greatest number of our people, for the least cost, are the means we must adopt. The home—the community unit—is also the health unit and in direct proportion to the ignorance or knowledge of its inmates will our death rates rise or fall. Coercion must give place to coöperation and to accomplish this we must carry our preventive activities to the kitchens and nurseries—to the firesides of our people—to motherhood—and we must do this through the nurse.

AVENUE OF LIVE OAKS, NEW ORLEANS

Municipal Nursing: Some of Its Problems*

MARGARET F. SIRCH AND EDNA L. HEDENBERG

Municipal nursing is one inevitable result of the evolution of municipal government. The last decade has witnessed a vast awakening of the people to the duties, as well as the privileges of citizenship, and, as a result of this growing civic consciousness, we find municipal nursing is gradually becoming a coördinate function of municipal health work. The value of public health nursing to the community as a whole having been proved, it becomes the duty of the community to support and direct it.

At times one hears the fear expressed that municipal control of public health nursing will retard the growth of public health work—that its needs will be pushed aside and buried under the mass of city business—that politics will affect it detrimentally.

Undoubtedly, it takes a little longer for a city to see the needs of its nursing department than for a private organization —it is the difference between educating a community and educating a limited group. But the community, once the need is demonstrated to be legitimate, can be relied upon for support.

That this confidence in the people to meet their responsibilities is not misplaced, was illustrated in Los Angeles not long ago. Repeated efforts had been made to obtain an appropriation for additional tuberculosis nurses, but the city council could not see this imperative need, although the situation was very grave. One thousand eight hundred fifty-six new cases of tuberculosis had been reported during the year, with a marked increase in the proportion of native-born, and the small staff of tuberculosis nurses was utterly inadequate to cope with the situation. The Initiative and Referendum was invoked in a petition providing for one nurse for every 100 registered cases of tuberculosis, and when the people realized the significance of the tuberculosis situation and its menace, not only was there no difficulty in obtaining the 47,000 signatures

* Paper read before Open Meeting under auspices of National Organization for Public Health Nursing, New Orleans, April 28, 1916.

necessary (after the petition was endorsed by the nursing commission) but when presented to the voters, the measure carried by an overwhelming majority. Two advantages not shared by every community contributed to this victory—the right of the people to initiate legislation and refer it to popular vote—and woman's suffrage. The tuberculosis campaign was mainly a women's campaign. The result would have been the same lacking these, though the struggle would have been longer; for while it is true that legislation can not run far in advance of public opinion, it is also true that it can not lag too far behind.

The history of public health nursing in Los Angeles is fairly typical of other cities taking over this work, though distinctive in one particular. In 1898 the city council provided by ordinance for the support of a district nurse under the supervision of the College Settlement, thus establishing a precedent for public health nursing under municipal provision in the United States. The city governments of Boston, New York and Chicago had refused to consider similar plans.

From this small beginning the work gradually developed and widened—puplic school inspection was started by the district nurse in 1903, and the following year a school nurse under the Health Department was appointed; the first tuberculosis nurse was provided in 1910 to work in conjunction with the Society for the Study and Prevention of Tuberculosis and during the same year a city nurse was provided for the first modified milk station and baby clinic.

In the meanwhile a city maternity service, affiliated with the out-patient department of the Medical College of the University of Southern California was organized under the College Settlement, and in 1906 the Council appointed a nurse for the inspection of maternity hospitals and children's boarding homes, and the supervision of midwifery, at the same time passing the necessary ordinances for their regulation.

Each division grew apace, overwhelming the few nurses whose numbers were reluctantly increased, until 1913, when the plea, voiced by the College Settlement for the creation of a Nursing Commission was heeded, and the city council passed an ordinance coördinating all these divisions of the work under a Bureau of Municipal Nursing in the Health Department. At

this time nineteen nurses were employed by the city. From our point of view the results have been more direct coöperation between the Department, the public, and the nurses, a corresponding development of a better understanding of the interrelation of the work, and a general increase in efficiency.

The ordinance creating a Nursing Bureau is so simply and directly worded, that we give it here, hoping it will be of interest, and possibly of some value.

ORDINANCE NO. 27,742

(NEW SERIES)

"An Ordinance Creating a Bureau in the Health Department of the City of Los Angeles to be known as the Bureau of Municipal Nursing, providing for the appointment of a Commission, and fixing its powers and duties.

The Mayor and Council of the City of Los Angeles do ordain as follows.

Section 1. There is hereby created in the Health Department of the City of Los Angeles a bureau to be designated as the Bureau of Municipal Nursing. Said bureau shall be conducted by a commission of five persons, not more than three of whom shall be physicians or nurses. Said commissioners shall be appointed by the Health Commissioner for such term as may be designated by him, but in no event to exceed four years from the date of appointment, and all members of said commission shall serve without compensation.

Said Commission shall organize by electing one of its members President and may elect such other officers as it may deem necessary. Said Commission shall hold regular meetings at least once in every two weeks, and three members shall constitute a quorum.

Section 2. Said Commission shall, under the direction and supervision of the Health Commissioner, take charge of school nursing, instructive visiting nursing, contagious nursing, emergency nursing, and nurses for investigation and inspection.

Said Commission shall from time to time recommend to the Health Commissioner such action with reference to the proper methods to pursue in the carrying out of municipal nursing, as in its judgment may be deemed necessary."

With the organization or reorganization of municipal nursing a city finds itself confronted by many problems, some of which are purely local, but many shared also by the county, state, and even by the whole country. Here in the west where the tendency toward civic control of public health nursing is strongest, the following problems are most constantly before us:

1. How a municipal nursing commission may contribute toward the promotion of public health in a community.

2. Difficulty in obtaining a high standard of personnel for the nursing division.

3. Need of affiliation between training schools, universities and public health nursing organizations.

4. The apparent need for the amalgamation of state, city and county in public health control.

5. The need for a division of public health nursing which will reach the patient who prefers and is able to pay a small fee for services.

6. The problem of special vs. generalized public health nursing.

1. How a municipal nursing commission may contribute toward the promotion of public health in a community.

One of the most constant and imperative needs on behalf of municipal nursing is that of keeping the public informed concerning the work of the department, and interested in its program of public health. Without the intelligent interest of the community, development is slow. Every increase in appropriation is secured only after the expenditure of much energy and time. Especially is this true regarding educational and preventive work—municipalities too often try to economize in this most important phase of public health nursing.

A recent survey made by the Commission of Immigration and Housing of California revealed the startling fact that the sum of $1,271,576.13 was spent in one year in the remedial fields of crime, sickness and poverty in Los Angeles and vicinity. The poverty map of a city, as a rule, coincides with the tuberculosis map, and both of these coincide with the criminal map. Ignorance is undoubtedly the predominating cause of all three conditions. Aside from the humanitarian view of the question, what investment more profitable in dollars and cents could a city make, than to provide generously for public health nurses who would combat, by their friendly instruction and care, the ignorance which costs so much in money and human life? These nurses are needed to spread the gospel of health and decent standards of living. A Nursing Commission is admirably fitted to perform just such educational and publicity work.

The Nursing Commission, made up as it is in Los Angeles, of five unpaid citizens, functions for the municipal nursing division just as a board of directors does for a district nursing association. As the board of directors represents the people who contribute to the support of the association, so the Nursing Commission represents the taxpayers and acts as an interpreter for the department, its plans and its needs. Its field of usefulness is wide, particularly during the formative period, when the work is not well organized.

The personnel of the Nursing Commission is a very vital factor of its success. Every city contains men and women of education, leisure and public spirit who should be given an opportunity to serve their community. A commission should be made up of such of these people as have the time and the desire to give of their experience and knowledge. England realizes this far better than we, and much of the local government is carried on by men who willingly and generously give time and thought to her service without remuneration. That the problems of the nursing division may be considered from as many different angles as possible, it is important that the Commission be well balanced, neither all men nor all women, neither all professional nor all laymen. A physician and a nurse, a man of wide business experience, a woman who thinks in terms of the family, a woman prominent in club life—in short, a group made up of thoroughly representative men and women will best serve the purposes of a Commission.

The chief or superintendent nurse should unquestionably be the executive secretary for the Commission. Confidence and utmost harmony between the executive secretary and the Commission are as necessary as are frank and cordial relations between the executive and her nursing staff, if work of any value is to be done. Furthermore, the Commission should make provision that the executive should not be so over-worked as to be unable to keep in touch with national, state and city movements relating to the development of public welfare.

2. Difficulty in obtaining a high standard of personnel for the nursing division.

There are two reasons why the maintaining of a high standard for the personnel of the staff is particularly a problem for a

municipal nursing department. First, because Civil Service examinations usually limit the field from which nurses may be selected. Second, because the department must carry the responsibility of training its nurses in the special division of public health work.

Civil Service is necessary and desirable in municipal government, but the customary requirement of one year's residence for all applicants for city positions is a decided disadvantage when procuring nurses, for it frequently debars from examination the few trained women who might apply. If a city affords no opportunity for training in public health nursing, it has no source of supply and must accept nurses untrained in this work.

Boston evidently realized the residence qualification an undesirable one, for among the provisions of her new charter (and most far-reaching in its influence for good if enforced) is the requirement that heads of departments shall be recognized experts in their work and shall be chosen for their training and experience, without regard to residence at time of application.

Under existing conditions, the Civil Service can only strive to make the minimum requirements for applicants as high as possible along the lines of general education for nursing. It can demand a high school education, graduation from an accredited training school giving a well rounded general course, and registration in states fortunate enough to possess a registration law. With these qualifications as fundamental, Civil Service may choose from the successful candidates those whose personality and experience seem best to fit them for public health work.

Therefore, with the nurses entering the probationary period it becomes necessary for the nursing department to train them in social service and public health work. The new nurse needs the closest supervision until knowledge of her duties is clearly grasped and her discretion and common sense are proven qualities, for her every act as a nurse has an official significance that reacts favorably or otherwise. A tactless nurse, or one whose comprehension of professional and social ethics is not clean cut and positive, may cause unending embarrassment and unpleasantness for the whole Health Department.

The nurse's relation to city government, while it carries

with it grave responsibility is also a great advantage. With authority from the Health Department the nurse can often gain results easily which otherwise might require considerable effort. Her authority should not in any sense be flaunted, but on the other hand it should be entirely unobtrusive except when occasion demands its use. She would probably have most use for it when dealing with cases of infectious and contagious diseases. A nurse's position as a public servant gives her a prestige with private individuals and with social agencies with whom close coöperation is desirable.

3. Need of affiliation between training schools, universities and public health nursing organizations.

The lack of nurses trained in public health work is an important factor in so many of our problems that it has almost become the public health nursing problem.

At the present time there are two ways in which a nurse may obtain special public health training. The slow school of experience offers a course, the value of which varies considerably with the resources of the organization employing her, and her powers of self education. It is a method unsatisfactory both to public health organizations and the nurses themselves; it is often haphazard and unscientific, and the nurse is long in acquiring that social viewpoint that only comes with comprehensive knowledge of public health and social service principles and aims.

The post graduate courses in public health nursing that may be taken in the larger nursing educational centers offer the ideal method. We, in California, are hoping that the new summer course for public health nurses offered by the University of California may be the starting point for a permanent and thorough course in public health nursing on the Pacific Coast. There is great need for more of these courses.

Unfortunately, the number of nurses able to avail themselves of these opportunities is and always will be comparatively small—they will always mainly serve the nurse who wishes to qualify for an executive or teaching position, who feels the need of wide and thorough knowledge to meet the demands of greater responsibility. So it is to the training schools that we confidently look to supply the need of fundamental education not

only in public health, but in other new fields now open to nurses. The demand for public health and industrial nurses, for those with psychopathic experience for both institutional and social service work, for laboratory and surgical assistants, is constantly increasing, and every day new health measures call for the nurse with special training.

The number of hospitals that are broadening their curriculum by affiliating with universities, public health nursing associations or civic health centers is increasing, but the possibilities of such affiliations and their value to nursing education in the broadest sense is not generally recognized.

Affiliations between hospital training schools, universities and public health organizations present many problems needing adjustment. Local conditions and the resources of the institutions and organizations planning affiliations are often the determining factors. The public health nursing organization can offer a course in this work only when it is able to provide the necessary equipment, adequate supervision and a reliable staff of lecturers, for equivalent training must, in fairness, be given for the work of the pupil nurse. Again, the financial condition of the hospital may make the plan difficult. In California, for example, where stock corporation hospitals and not endowed institutions are the rule, and where the eight hour law for women is applied to pupil nurses, such affiliations are rarely possible—superintendents tell us frankly that they cannot afford to lose so much of their nurses' time.

When the need of special training, particularly along lines of public health, is fully realized by the majority as it now is by the few hospitals, these problems will be studied and solved.

In states that have registration, the state inspector of training schools might perhaps aid materially in solving them. Her wide knowledge of hospital conditions and the educational resources and needs of the state give her a key to the situation that few others possess, and plans and suggestions for affiliations from her should be of practical value.

Certainly the school that can offer its third year student an elective course in that phase of nursing which she seems best fitted for, and most interested in, will double the value of third year work for its pupil nurses.

We hope and believe that the school of the future will send out its graduates not only equipped with a thorough knowledge of general nursing, but also with a fundamental training in some one particular branch, whether of private or public or semi-public work. But whatever her field may be she should go out equipped with a knowledge of city and rural provisions for sanitation—the relation of water and milk supply to the health of a community—approved methods for the disposal of all waste—as well as a knowledge of the different methods of sanitary disposal of sewage—and of ventilation scientifically tested. She should know something of the character of soils—drainage in its relation to water supply, and be familiar with conditions under which our ancient enemies, the fly and mosquito breed.

A wise nurse may aid greatly in keeping up the economic efficiency of her community; every sick man, woman or child lowers it. The rural nurse has a wonderful field in which to demonstrate the returns which come from persistent, practical instruction to those who have been shut away from the centers of progress. Her work in California is fairly new, but the now limited work of the nurses has only spread the desire for more.

4. The apparent need for the amalgamation of state, city and county in public health control.

In California the menace of infection and contagion is not nearly so much intra-state in character as inter-state and foreign. From all other states in the Union flock the tubercular people—many of whom are indigent. They and their families become a great burden upon county and city relief agencies. From Mexico come hordes of peons, a large number of whom are reported to have come since the outbreak of war in Mexico, to be added to a population of 35,000 (1915) Mexicans in Los Angeles and vicinity. The presence of social diseases, immorality and poverty among these people makes the problem a weighty one.

The problem of the care of the indigent resident tuberculosis patient has been met, in part, by the state which now provides for the payment of a subsidy to county hospitals maintaining the standards of equipment, diet and care called for by the State Board of Health—Bureau of Tuberculosis.

The larger problem of the care of the indigent non-resident consumptives, of whom 18,000 to 20,000 would come under this provision, is pending partial solution by the passage of the Kent Bill now before Congress. This bill provides federal aid for states burdened with the care of indigent consumptives from other states.

Strong objection to the bill is met with from some of the states bearing the heaviest loads. Miss Vaile of Denver, points out that the heaviest part of the problem is not the care of the patient but of the family dependent upon him. Present industrial conditions in California make ten applicants for every possible opening for work.

The director of the Bureau of Tuberculosis under the State Board of Health has been active in raising the standards of county hospitals and has succeeded in convincing county supervisors that "money spent is often money saved." As a result, rural tuberculosis nurses are now employed in different counties.

The employment of nurses by the state has been simplified by an arrangement with the State Civil Service Commission which accepts as eligibles only nurses receiving a satisfactory grade in the examination given by the State Board of Health (bureau of registration of nurses) subject to their receiving a satisfactory grade in such oral examination and experience record, as the State Civil Service Commission may require.

Dr. Wilbur Sawyer, executive of the California State Board of Health, to whom we appealed for some enlightenment on the plan of amalgamation of city and county health work says:

"Barring the largest cities, I believe there is a distinct need for larger health units than at present exist in our state. There should be a combination of the smaller communities with intervening and surrounding territory, and this should be brought about either by combining the city and county health administration, or by making new districts according to advisable units of population and territory. Some of our counties have too small a population to make it practical for them to maintain adequate health service, and they should be permitted to combine with other counties or parts of counties. A very satisfactory unit would be a small town or city and the country which provides its more perishable supplies.

Where several towns draw on the same dairies, slaughtering establish-

ments, etc., they could to advantage be combined into a single health district, and could maintain with economy a single inspection service. The points against the unqualified endorsement of such combinations are: The departing from well established governmental lines and complications which arise with interference in the appointing power. All of the objections can be removed if a simple plan can be made for administering a practical unit. . . . .

Public health nurses would be required no matter what plan is finally decided upon in a given state. They would be engaged in rural and municipal nursing, in the administration of this nursing, and in addition they might fill certain offices in the administrative and scientific bureaus of the State and local health boards.

As the training schools pay more attention to the social side of public health nursing, social work not strictly involved in the care of the sick will engage the services of trained nurses.

"It is evident that there would be advantage in having larger administrative areas than at present. For instance, if a sick person is cared for in a hospital in a city of moderate size and comes under the attention of municipal social workers, the same organization ought to be able to investigate and ameliorate conditions in the family of that patient, even if they are located outside the city limits. Moreover, the rural communities which really belong to the same social unit as the city are usually not in a position to give adequate rural nursing and social service if they are considered separately from the city. On the other hand, the welfare of the city is intimately involved with that of the surrounding county, and the city together with the county would be able to provide reasonable service."

5. The need for a division of public health nursing which will reach the patient who prefers and is able to pay a small fee for services.

Although the public health nurse has the advantage of coming from a department unconnected with charity, according to our modern public spirit, she has the disadvantage of not being able to help the patient who prefers to pay something for her nursing, even though he cannot afford professional charges. However, we feel that there is a decided development in public spirit when a patient can realize that he is one of the community which is supporting a nursing division not only for himself, but for others in like need.

There is also a need for hourly nursing service. A few progressive private organizations are beginning to meet it, but some provision must be made for it in municipal public welfare plans if a really broad program of activity is to be developed.

6. The problem of special vs. generalized public health nursing.

The relative merits of one nurse in the home vs. specialized services is another that is of special interest to municipal nursing departments because efficiency and economy in the expenditure of public funds are so emphasizd at the present time.

Undoubtedly the specialized plan of nursing is necessary for pioneer work and intensive study, and it is the plan under which most organizations, public and private, operate at present. It is, however, an expensive one and some are now trying out more simple methods, either by means of a trial small district with one nurse doing general health work, as in Cleveland, or by combining specialized branches of work that are allied, such as the maternity and baby welfare; the tuberculosis nurse doing all but maternity nursing in families of tubercular patients. Another combination is that of baby welfare and district work.

From the point of view of the municipal staff officer, the small district has much to commend it. There is the saving in time and expense in travel and a proportionate increase in the volume of work accomplished, while the more accurate and complete statistics obtainable—particularly regarding birth registration—are important considerations.

The concentration of work and responsibility, with the bridging of gaps, and elimination of overlapping simplifies the work and improves the efficiency of the central office. In the district the advantages are seen in the more effective sanitary inspection, the reduction of contagious and infectious diseases, and the more efficient supervision of children's boarding homes, maternity hospitals, and midwives; and indeed given a really small district ophthalmia neonatorum should be a very rare occurrence. Then in general, there is the greater amount of preventive work possible and the better results for the effort expended, due to the fact that the nurse in a small district wins the confidence of her people to a degree that the special nurse with a larger territory to cover and consequently less frequent and less intimate contact with her patients, never can hope to do. Especially does the confidence that the maternity nurse is

able to gain in her two weeks' daily calls, aid and simplify her later baby welfare work.

These are all such important advantages that for many executives of municipal nursing departments, the ideal method is embodied in a small district system that, roughly sketched, provides for a superintendent or chief nurse, under whom are supervising nurses, each one having charge of a group of small districts. In each district a general public health nurse who shall be responsible to a reasonable degree for health and sanitary conditions within her boundaries, and whose usefulness will be judged as much by a comparative study of baby mortality, contagions and tuberculosis statistics, as by the record of her actual work. The size of the district varies, of course, with the density of the population, but must be small enough for much educational and preventive work.

Important features of this plan are well equipped, efficient clinics and dispensaries, and adequately paid district physicians. Indeed, Dr. Gerstenberger in his paper on "Specialized vs. Generalized Nursing" gives first place to the district physician. "The first point to be established in this scheme is not the one nurse in a small district, but the properly trained, competent, full-time physician. . . . To place the direction of such a district in the hands of one nurse, be she ever so well trained, or in the hands of a social worker, or in the hands of a physician who has recently graduated from a medical school, or in the hands of medical men who have been a failure in the practice of medicine, would be a fatal mistake."*

In Los Angeles we have come to the crossroads on the highway of public health—confronted by two signs—Generalization and Specialization. Specialization has been a good, safe road through a new country, though perhaps a little narrow at times. Shall we now travel the broader way of Generalization? Or shall we, between these two, build a shorter and perhaps a better road whereon the "tree of life" may grow in all its abundance, leading to the Land of Heart's Desire?

Our problems have grown upon us gradually, but we have

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* *Cleveland Medical Journal*, November, 1915.

been none the less conscious of their significance. We feel with the poet:

> Oh wad some power the giftie gie us
> To see oursels as ithers see us,
> It wad fra' many a blunder free us,
> An' foolish notion!

How Public Health Nurses Can Aid a State Department of Health to Extend its Program of Health Conservation*

ROBERT G. PATERSON

Editor's Note: The very important and interesting development of the Division of Public Health Education and Tuberculosis of the Ohio State Board of Health was described by Dr. Paterson in the January 1916 issue of the QUARTERLY; and by Miss Helena R. Stewart, State Supervising Nurse, in the issue of April, 1915. To avoid repetition, therefore, we have abbreviated the paper contributed by Dr. Paterson to the Meeting on Public Health Nursing under Governmental Control, omitting the historical narration of this development and including only the convictions to which it has given rise.

Our chief dependence in any effective extension of a program for health conservation must and will be on public health nurses. This will be true, in my opinion, whether the program is intended for a state, municipality, or rural community. The problem which confronts health authorities everywhere in the construction of such a program is essentially the same. It is to devise ways and means to prevent those who are well from getting sick, and to aid those who are sick to get well. Until a few years ago, the main reliance of health authorities in their efforts to secure these ends was upon legislation, quarantine, disinfection, inspection and hospitalization. While such measures have not been discarded, yet, today they are of secondary importance to the larger and all-inclusive problem of educating the public. And the word *public* includes not only the layman, but the physicians, nurses and health officials themselves.

We have the best means to effectively influence human conduct in the public health nurse. She touches the lives of individuals, families and communities at a time when her services

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* Paper read before Open Meeting under auspices of National Organization for Public Health Nursing, New Orleans, April 28, 1916.

are appreciated. She performs concrete acts which in their helpfulness arouse the emotions of sympathy and gratitude. If she understands her work and the current program of health conservation she will make use of each situation with which she deals to tactfully shift her appeal from the emotions to reason. The required action almost invariably follows, be it a reform in the personal habits of an individual; a transformation of a family environment; or a revolution in the attitude of a community toward its standards of sanitation.

This is the thought at the basis of the work which is being carried on in Ohio. We are engaged in extending the public health nursing service as an aid to the State Department of Health in its program of health conservation, into every city and county within the state.

As a result of this effort, the following convictions have been reached.

First, we should constantly strive to make public health nursing an integral part of the health organization of the state, county and city. It will never reach its fullest and highest possibilities until it does become so. In the meantime we should avail ourselves of every possible resource at hand which will aid in extending the service. Support, either wholly or partially, from a board of health, board of education, county commissioners, voluntary organization, industrial company or insurance corporation or fees for services rendered should be not only accepted but actually sought.

Second, we should never entirely divorce the public health nursing service from actual nursing work, no matter how alluring or important the educational side of the work may appear. The moment the school nursing service ceases to make use of the actual nursing capacities of its individual members, or an infant welfare service ceases to demand of its staff the practical application of the particular kind of knowledge which a nurse should possess and use, then that service is not in the category of public health nursing. The work can be done just as well by a group of specially trained graduates of a normal school or college or school of philanthropy. There is too much sickness, ignorance and misery in our cities and rural communities that needs actual nursing care to even permit the question to arise

as to whether a public health nurse is or is not to care for the sick.

Third, we should strive to maintain the public health nursing as a whole, and not permit it to be divided into separate specialities. There should be one central public health nursing bureau in a state, county or city. It should be in charge of a public health nurse, and if it becomes necessary to devote part of the staff to school, tuberculosis, infant welfare or any one of the other varieties of nursing we should do so by all means, but at the same time such nurses as are assigned to special duty should not consider themselves as a special type of public health nurse.

Fourth, we must secure as rapidly as possible a system of public health nursing records which will be standardized throughout the country. Anyone who has ever attempted to make use of records of boards of health, hospitals, dispensaries and the like, knows the utter hopelessness of trying to compare one set of records with another even within a city, to say nothing of a state, or the country as a whole. The practicability of utilizing the accumulated experience which such records should furnish and upon which our programs of health conservation should be based is absolutely impossible. Public health nurses should know how to keep full, accurate, consistent and uniform records of their work. Otherwise they will fail to measure up to their fullest opportunities, and eventually another type of worker will come forward to fill the need.

Fifth, we must increase the avenues for instruction for those desiring to take up public health nursing. The universities of this country, particularly the state universities, must meet the demand that is growing daily more insistent for thoroughly educated public health nurses. The possibilities for service of the most satisfying kind in public health nursing work have not been realized as yet by the students in our universities.

Sixth, we must endeavor to establish a minimum standard of salaries in the public health nursing service and this minimum should be high enough to attract the very highest type of woman. In Ohio, we have a fixed minimum of $75.00 per month, below which we will not go and we use every possible means to maintain the minimum standard at $100.00 per month.

These categorical statements are set down in no dogmatic spirit, but rather in the desire to formulate some of the conclusions upon which we are acting at the present time. If experience proves any or all of them to be detrimental to the growth of the public health nursing service a revision or an entire abandonment of them will inevitably follow. What we are most concerned about at present is to demonstrate, beyond any possible doubt, that the public health nurse has a distinct place in the organization of a state department of health and that the scope of her activities in the program to conserve the health of the people has not even been realized, much less formulated in its entirety.

Health Insurance and Public Health Nursing*

OLGA S. HALSEY

To a group of nurses devoting full time and energies to nursing in the homes of wage workers, it is hardly necessary to say that nursing care which is often as necessary as that of the doctor should be made available to persons of slender means. The growing realization of this need is shown by the rapid increase of visiting nursing organizations throughout the country. And as the movement has spread, the problem has constantly arisen of putting this work upon such a basis that it may not appear to be charity to the recipients. A partial solution of the problem has been achieved in encouraging the patients to pay such fees as they can afford—however small they may be. A more satisfactory solution, to some minds, was made when the Metropolitan Life Insurance Company undertook to provide a nursing service for its industrial life insurance policy holders—thus placing visiting nursing upon the only basis upon which industrial workers can afford to pay for it, namely upon an insurance basis. By this means the small weekly payments made in time of health cover the cost of the nurse during illness at the very time when the family can least afford to make additional expenditures. Such an arrangement brings nursing service within the means of the wage earners. Moreover, it reimburses the nursing association for the full cost of attendance undertaken in accordance with the conditions established by the Metropolitan.

This provision of nursing service to the industrial policy holders of this one large company suggests the possibility of extending the nursing care to *all* wage earners on an insurance basis. It is the purpose of this paper to show the opportunity of extending nursing service offered by a system of universal

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* Paper read before Open Meeting under auspices of National Organization for Public Health Nursing, New Orleans, April 28, 1916.

Health Insurance which would embrace all manual workers and other employees earning less than a specified sum. To make such a system effective, we should have to resort to legal enactment as Great Britain, Germany, Austria-Hungary, Luxemburg, Norway, Holland, Russia, Rumania, and Servia have already done. The laws in these countries in general provide that certain groups of workers shall be insured at the joint expense of the employer, of the worker, and (as in Great Britain) of the state as well; that insurance shall be administered through authorized carriers, and that certain benefits shall be guaranteed the workers thus insured. The benefits usually provided include a cash payment during sickness and medical care. It seems to me that we can adopt and develop this idea of caring for the wage earner in time of sickness; that we can refine, improve, and adapt it to American conditions. Just as these countries have found it possible to bring a doctor within the reach of each insured working man, so in this country I believe that it ought to be possible with the steadily growing visiting nursing associations to bring the skilled attendance of a nurse within reach of those requiring it. If other nations have found it possible to provide medical attendance, why should we, who have been foremost in developing public health nursing, not find it practicable to bring nursing care in addition to doctor's care within the reach of each insured wage earner? It is precisely in this field of providing nursing care that we Americans have an opportunity to make our original contribution to the health insurance movement.

This country today is witnessing the initiation of a movement for health insurance similar to that which has swept over Europe from despotic Russia to democratic England, and the occasion presents the opportunity of increasing the provision for nursing care—an extension of health insurance benefits which Great Britain has all but made. The American movement for health insurance has begun with the introduction of bills into the legislatures of Massachusetts, New York and New Jersey and with the appointment of state commissions in California and Massachusetts to study the subject.

In brief, the provisions of these American health insurance bills are: insurance for all manual workers and other employees

earning less than $100 a month, through mutual self-governing associations of employers and employees; contributions from employers, employees and the state; and the provision of specified benefits. First medical care, which includes medical, surgical, nursing and hospital attendance, and the necessary supplies of drugs and appliances up to the value of $50 in a year is to be furnished; secondly, a cash benefit equal to two-thirds of wages is to be paid for not more than twenty-six weeks of disability; and finally a funeral benefit of not more than $50; all under careful state supervision. It is estimated that the total cost of these benefits will amount on the average to less than 3 per cent of wages; that, as a result of the division of the cost among the three parties, the employer and employee will each contribute about 1 per cent of wages, while the state's share will be about half of 1 per cent. Upon this basis, health insurance with its nursing care can be brought within the means of all wage earners, since the proposed contributions from the insured wage earner are less than those which many workers today are paying for funeral benefits alone.

Guidance upon some of the problems which will arise in connecting public health nursing and health insurance is found, I believe, in the British situation. The British national health insurance act, which covered nearly fourteen million wage earners in the pre-war days when I was studying this act in England, recognized the importance of nursing care and authorized the "approved societies," which furnish the benefits, to contribute to nursing associations or to appoint nurses to visit their sick members. The law, however, made this optional and did not require the societies to provide this care in the same way in which it demands that medical care, treatment in sanatoria for tuberculous patients, and cash benefits during illness be furnished to all insured persons. As a result of this voluntary provision, the vast majority of societies have not yet made this optional arrangement and the members do not receive nursing care as one of the benefits of the insurance act. The explanation of this failure to make provision for nursing care lies in the tremendous amount of new work with which the approved societies had to cope in the early days of the act, in the inadequate funds which hamper some societies, and in the penny wise and pound

foolish policy which it is always so easy to follow. As a result of this British experience, I believe that, if skilled nursing is to be provided for the insured wage earners—as it should be—nursing should be made one of the benefits which can be claimed as a right when needed, just as in England an insured worker has a legal right to a doctor's care as a result of such legislation.

Under the voluntary arrangements, the few British societies which provided nurses have adopted varying practices which have resulted in confusing the issue. For example, two societies, the largest in the Kingdom, have employed trained nurses to act as "sick visitors." That is, the nurse visits suspicious cases to determine the general condition of the patient, and whether he ought to return to work, and thus she aims to relieve the society of paying sick benefits unnecessarily. Her duty is to see that neither doctor nor patient is prolonging the illness. This use of nurses as sick visitors is inimical to the best interests of the profession, for nurses ought not to act as detectives, if, as a class, they are to retain the full confidence of both patient and doctor. This use of nurses as sick visitors must have its reaction and is perhaps responsible in one area for the doctors' apparent distrust of the nurses maintained by the approved society and for their hesitancy to call upon her. Although the British experience upon this point is scant, it shows that in this country we must aim to make a sharp distinction between the duties of a sick visitor and the functions of a nurse.

In districts in England where this distrust has not developed the nurses have had an opportunity to demonstrate the value of their services to the insurance system. The work of one nurse who cured in three weeks an ulcer of the leg which had lasted fourteen years has become famous, for by these three weeks' care she helped her patient and made it unnecessary for the society to pay sick benefit for a prolonged period of inability to work. Although the opportunity for such startling saving of misery to the patient and of money to the society is exceptional, it is generally admitted that nursing care decreases the length of illness and thereby diminishes the amount of sick benefit which the societies are called upon to pay. The National Federation of Women Workers which provides nurs-

ing care in two districts finds that in one it has paid for itself in the money saving effected through diminished sickness claims, and that in the second district the results have not been as favorable. This society estimates that if nursing care and consultants were available for all of its members the cost of sickness benefit would be reduced nearly 25 per cent. It is this financial aspect which makes the British approved societies interested in providing home nursing, just as in this country it is the lowered mortality resulting from this same service which interests the Metropolitan in providing a nursing service for its industrial policy holders.

But nursing care presents possibilities of prevention especially important in insurance work. The inefficient nursing and medical care of the past, especially in confinement cases, is an important factor in the present high rate of sickness among insured married women that is proving so troublesome to those British societies which have many married women members. Doubtless each of you has knowledge of cases in which women have been invalided as a result of careless attention at this most critical time. The prevention of this and similar disabilities which otherwise would involve, under health insurance, prolonged payments during inability to work, has a very real cash value.

Because of the financial saving resulting from shortened illnesses and the prevention of others, and because of the inability of many societies to pay for this additional care, the approved societies have pressed the government to provide funds for a nursing service.

It was not, however, only the approved societies, eager to guard their funds, which pressed for a nursing benefit, it was the nursing organizations as well. The nursing associations were eager to be a part of the system, even though they foresaw the probable inadequate supply of nurses for the new demand, and problems of standardization in the absence of state registration of nurses. They were eager for it because they knew the assistance they could render the insured patients, and because the insurance system had brought new problems which might be solved by participation in the system. Nursing associations, such as those affiliated with the Queen Victoria's Jubilee

Institute for Nurses, found that nearly one-third of their patients were insured and that their income from voluntary contributions—particularly from wage earners—was decreasing. And in England, I gather, since many of these district nursing associations are conducted on a "provident" basis supported by tiny weekly or monthly contributions from members, the diminution in this source of income would be more serious than in this country. A plea for the recognition and support of the nursing associations by the insurance administrators was made by Miss Amy Hughes, general superintendent of Queen Victoria's Jubilee Institute for Nurses, at a conference on the Nursing of Insured Persons, composed of representatives both of approved societies and of nursing associations. At the conclusion of this joint conference a resolution was passed urging the government to establish a nursing benefit for insured persons.

The following history is brief: the budget estimates of the spring of 1914—after the benefits had been in operation a little more than a year—provided for a government grant of $500,000 for a nursing service, and this was favorably voted upon, notwithstanding the precarious state of the country when the vote was taken in the early war days. The first war budget contained an appropriation for half this amount, while in the budget presented to Parliament this spring the nursing grant has disappeared. But if the war had not intervened, it is safe to say that England today would have had a well-established and a comprehensive nursing service as a part of her insurance system.

It is clear, I think, that the American bills in their provision for nursing care as one of the regular benefits of health insurance mark a distinct and a very desirable advance over the British legislation. At the same time the agitation in England for a nursing benefit and the grants made by Parliament for this purpose show, I believe, that the drafters of the American bills have taken a step in the right direction.

The first suggestive step has been taken, but before further steps can be made in working out the details of organization, the coöperation of the nursing associations is needed. Your advice and coöperation are needed in deciding whether the mutual associations furnishing the benefits should make arrangements for nursing service with existing nursing associations or whether

these insurance associations should employ their own nursing staffs. While this may seem a question of trifling detail, it is one which presents many of the most important problems of administration, of supervision, and of relationship with the doctors. Moreover, it may involve that troublesome question of whether nurses shall undertake "sick visiting" to detect the possible malingerer. A second problem is how to meet the increased demand for nursing which will inevitably result when, for instance, something over two million wage earners in New York state will have the right to nursing care when it is necessary.

Is this situation to be met by lowering the standard for training, by increasing the salaries so that the prospect of more comfortable remuneration will attract more women, or by trying to make present arrangements meet the altered conditions? The problem of standardization is perhaps simplified by the possibility of so drawing a bill that the state supervisory body shall establish the standard of nursing which shall be available for insured persons. For instance, one of the large London nursing organizations felt that work under the British health insurance act would, in the absence of any state registration, help to define the technical requirements for district nursing.

Among the largest problems which probably will occur is the relation of the nurse to maternity work. The three bills presented to the legislatures of Massachusetts, New York and New Jersey provide that maternity care for insured women shall be a part of the medical care furnished. It had, however, been the original hope of the drafters of these bills to provide maternity care not only to the insured women but to the wives of insured men as well. In other states, where practicable, it is hoped to include maternity care for the wives of insured workmen. This, of course, enlarges the problem. Shall the mutual associations administering the benefits make arrangements for maternity cases with doctors, with midwives, and with nurses; ought arrangements to be with one or with all three; and if with all three what ought to be the functions of each?

Maternity nursing is, as you all know, one of the largest single activities of public health nursing; no less than 17.5 per cent of the patients actually nursed from the Henry Street Settle-

ment in New York City are maternity cases, while in the experience of the Metropolitan Visiting Nurse Service nearly 24 per cent of the patients were maternity cases. Even if maternity care should not be extended to the wives of insured men, it would seem essential that under a system of health insurance provision be made for nursing all wage-earning mothers who are insured. But underlying this immediate and this surface problem is that of securing more adequate obstetrical aid. And I venture to prophesy that provision of maternity care by associations which will inquire into the character of care given their members will result in a demand for better obstetrical practice among the poor. The problem, therefore, is, how can this demand for better midwifery be met—by doctors, by supervised and better trained midwives, or by the institution of the nurse-midwife?

Your thought, your advice, and your coöperation are most earnestly needed in helping to solve these problems of organization, of standardization, and of possible new functions for the district nurse, problems which are incidents in the effort to put public health nursing upon such a basis that it will not partake of charity, and upon such a basis that all wage earners can pay for this service and will have a right to receive it in the necessary cases. I therefore bespeak for the American Association for Labor Legislation, the drafters of these tentative bills, your coöperation in the initial stages of the American movement for health insurance through legislation, which will render it possible to extend nursing service to all wage workers.

Standardization of Financial Statements for Visiting Nurse Associations

LEE K. FRANKEL, M.D.

The Annual Reports of Visiting Nurse Associations that have come to the Metropolitan Home Office from time to time have always been read with interest. They present a remarkable picture of the progress of the individual associations and the markedly increasing usefulness of the visiting nurse movement.

The financial statements have been especially interesting because here are summarized the wide scope of activities of the associations and their multitudinous interests. As we have reviewed the various statements, however, the lack of uniformity has been repeatedly impressed upon us. Comparisons between associations, even between those of the same size, have been almost impossible because essential items are missing. It has seemed reasonable, therefore, to present to this group of leaders in the nursing field some of our impressions in regard to financial statements in annual reports.

In some form, such a statement appears in almost all reports of visiting nurse associations, although in a number which have reached us, it must be said there is no attempt whatsoever made to offer a financial statement. May we ask then, what is the purpose of an annual statement? Is it simply a statement published at the instruction of or by the treasurer of the association as a means of accounting for monies handled by this officer? To what an extent is such a report being used as a direct guide in the management and handling of the work of the association? Is it being used to compare the success of the organization from year to year, its standing in the nursing field and its value to the community? These questions we have not been able to answer. It would seem fair to state

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* Paper read at Round Table on Records and Statistics, New Orleans, April 28, 1916.

that the time has now come when an attempt should be made to answer them.

First, it seems reasonable to suggest here the main purpose of the financial statement and to show some of the ways in which it can be of real help in the successful conduct of an association.

The prime purpose of the financial statement, as of the report of which it forms a part, is to render an accounting to officers and subscribers of the association, of the work which is being done and the distribution of the funds which are handled; and secondly, to bring these facts to the attention of prospective subscribers and to the community as a whole.

The financial statement, it would seem, can do vastly more than this and in many associations without doubt, does do much more. It is one of the means by which an Executive Board may be kept in touch with increasing activities, and in part at least, it is used to guage the progress of the association and the success of its management. More than this, it is doubtless used by the administrative head to make comparisons with past years and to plan for the work of years that are to come.

This, however, for most of us, is as much as we obtain from our financial statements. It is but seldom they are used to compare the work of one association with that of another. It would seem that here lies a big field for the development of its usefulness.

In the field of visiting nursing there are but few absolute standards for the measurement of work or of progress. The general movement is, however, developing rapidly and an attempt should be made to measure its success or failure. This must be by comparison between organizations doing similar work, and between years of work in the same organization. In order to make such comparison possible therefore, there is needed a standard form which will bring out the various points that are of importance, and which will make the various headings under "Income" and "Expenditure" mean something very definite.

In the Metropolitan Home Office for instance, weekly reports on all branches of the business are submitted to the vari-

ous officers. These reports have been standardized. The same terms mean the same thing from week to week and from year to year. The reports of nursing associations might correspond to these.

It is of prime importance to the administrative head of an association to know the amount and percentage of income received from pay patients; of fees received from industrial nursing; the amount and percentage received from regular subscribers; the amount and percentage received from Metropolitan fees, etc. The variation from week to week, from month to month and from year to year is a measure of the success of the association in establishing itself as a self supporting agency in the community. A marked increase in the number of pay patients and of the fees paid by employers denotes progress in this development.

Similar comparisons are valuable in determining the amount and percentage of nurses' salaries, of administrative cost, of clerical work, of transportation, and of the other items that make up the list of expenditures of an association in its regular nursing work.

Not only would such comparisons within the association be possible, but comparisons with other associations would without doubt lead to the strengthening of all associations. Gradually, standards and recognized formulae would develop and visiting nurse work throughout the country profit by the interest secured.

In order to make comparisons between associations absolutely fair, the income received from investments should be separately itemized in order that it need not play any part in considering such important questions as the ratio of fees received from patients to the amount received from subscribers and members.

It is important, however, if classifications are to be of real value, that the special work of associations be classified separately, and that the financial reporting of this work as to income and expenditure be clearly differentiated from the visiting nursing. For instance, many an annual report cannot be utilized for comparison because the association is carrying on charitable relief, and making no distinction between this and

its other work. The plan has a double advantage. It makes it possible to organize special financial campaigns in order to secure money for special purposes. The success of this plan has been clearly shown by some of the social agencies that have issued appeals for special families or for special types of work. The other advantage is, that by proper differentiation it is possible to compare the fundamental work of the association, that is the giving of visiting nursing service in the home, with the cost of carrying on similar work in other communities.

A word of suggestion may not be out of place. In all business corporations overhead and administrative salaries are pro-rated between various departments and branches of the business, each part being charged with its share. The same might be done in visiting nurse association accounting. If the head of an association supervises visiting nurses, manages a baby clinic, conducts a diet kitchen and does one or more of the other multitudinous activities that are at present considered a legitimate part of the work of the visiting nurse association, it is unreasonable to charge any one of these with the entire salary of the administrative head. Each of them should bear a proportionate share, bearing a definite relation to the amount of time each of these activities consumes. The same differentiation should be made in the case of all expenses incurred in behalf of different departments of the same organization.

It would seem from this brief sketch of the purposes and possibilities of a standardized annual statement, that this organization might well take a step at this meeting in this direction. We would suggest consequently, that a special committee be appointed to consider the question of a standardized form for reporting; that this committee be instructed to make an analysis of incomes and expenditures of associations in order to determine upon a standard form; that its report be submitted to the Executive Board of the National Organization for Public Health Nursing at the earliest possible moment. If such a form can be determined upon, it will without doubt be adopted by a large number of associations. It may be possible even to submit a suggested form to the various associations in time for use in their printed reports for the year 1916.

If this suggestion meets with your approval and if such a

committee is appointed, the Metropolitan Company will be glad to coöperate with such a committee in the preparation of a questionnaire and in the tabulation of the replies received from various visiting nurse associations.

"MAMMY"

IN THE "OLD CITY," SHOWING THE FAMOUS ANTOINE'S RESTAURANT

Relation of Overhead to Staff Expenses*

ANNA M. L. HUBER

So close is the relation of Overhead to Staff Expenses that it is difficult to decide just what expense should be charged to the one account and what to the other.

In looking over the Annual Reports of numerous Visiting Nurse Associations, we find only one where any attempt is made to divide the Overhead from the Staff Expense. We, therefore, ask ourselves is there any reason why such a division should be made, or any benefit to be derived from such division? We realize at once that any one asked to contribute to any charitable organization, any thoughtful person, wishes to know what part of the monies received goes to the work being actually done and what part to the Overhead or running expenses. Therefore, each association wishes to have as low a per cent of Overhead charge as possible.

According to the method now in use by Visiting Nurse Associations of this country, each Association decides for itself under what headings it should place its different expenses. Of two large well known Visiting Nurse Associations, one claims its Overhead charges are less than 10 per cent, another admits to more than 20 per cent, while the Visiting Nurse Association of which the writer is a member, according to the division mentioned later in this paper, has an Overhead expense of about 17 per cent. The reason for this difference is in part due to the fact that what one calls a Staff Expense, another calls an Overhead.

The treasurers of a number of Visiting Nurse Associations have very kindly prepared financial reports for the writer in which they have divided the items of expense under the headings of "Overhead" and "Staff." No two reports agree—for example, the majority charge the entire salary of the Super-

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* Paper read at Session on Organization and Administration, New Orleans, May 1, 1916.

intendent to Staff Expense, and others claim that because of clerical work done by some Superintendents, part of her salary should be charged to Overhead. Some place uniforms under one heading—some another. One or two place office rent among the Staff Expenses and so they differ. If the three Associations had their expenses listed alike, would the Overhead of the one still be so much less than the others? The value of a uniform system of accounts and statistics is that a comparison can be made on a fair and intelligent basis.

An Annual Report is of inestimable educational value, not only to the people in the community in which the association is located but to other like organizations, perhaps more for the smaller organizations. It is doubtful whether there is anything more helpful to a growing association than the study of the Annual Reports of those older and larger. This is true as the reports stand today, but of how much more value a report would be if, because of a uniform sysem of accounts, one could compare almost at a glance the Overhead charges of her own association with that of another.

If, in connection with this, there should be the *number* of nurses, in figures, not names only, the number of visits and the approximate cost of each visit, the report would be still more helpful.

We compare two associations of three nurses each. Each visit including actual nursing visits and social service visits costs the one association about thirty-eight cents (38 cents), the other fifty-eight cents (58 cents). The reason for the difference we find in the fact that the one has office rent, light, heat and telephone free of charge while the other is obliged to pay for same. We realize that the larger cost per visit is not a reflection upon the one association, but this one seeing by the report that the other organization makes its visits at a cost so much less than its own asks immediately the reason: should the answer reflect upon its management of funds, the natural result would be a change of method; did the two associations use the same system of accounts it could be seen at once what items of expense were omitted from the Overhead charge of the one and the reason for the difference of expense per visit.

A uniform system of accounts would be far more suggestive than the present method; though every association wishes to keep down its overhead expense it should be clearly understood that an Overhead expense is in no sense an unnecessary expense, but is one that cannot be charged directly to work being done. Therefore, we would include under Staff Expense, in brief, Nurses' Salaries; Uniforms and Laundry; Transportation (car tickets and cab service); Medical and Surgical Supplies (such as drugs, bandages, instruments) and Loan Closet expenses. We would put the Overhead charges under *two* headings, House and Administrative Expenses. Under the House Account we would place all house-keeping expense, servants, food, light, heat, rent, repairs, etc. Under Administrative, office salaries, office expenses, stationery and printing, postage, etc. Those associations not having a home for nurses would not need the division, but for those having one, we feel it would be very necessary, in order to make the report clear and so separate the Overhead from the Staff expense; we explain using the following case:

A Visiting Nurse Association has a nurses' home and charges each nurse $25.00 a month for room and board, in other words, would pay her $25.00 a month more did she find her own home. In the case of three nurses, this would mean $75.00 a month or $900.00 a year—clearly a Staff Expense. The cost of runring this house for the year 1915 was $1389.94. The expense of running this house must be charged to the Overhead account, but *this* account must be credited with the $900.00 saved on the nurses' salaries which is a Staff Expense. Therefore, the House division of the Overhead Expense is $1389.94 less $900.00 or $489.94. Opposite each House Expense column should be a credit column in which should be indicated the number of nurses and the amount of salary deducted for living expenses, and with this, the House Account should be credited. It may be of interest to some to note that the Visiting Nurse Association quoted carries on the work at less expense, having a house in which its nurses live, than it could did it rent an office and the nurses find their own home, and this, in spite of the fact it feels it gives its nurses as good, if not better accommodations than they could have did they board elsewhere.

This association feels that the boarding of its nurses has been and can be a paying proposition; it realizes that the advisability of having a home for nurses is questioned by a number of associations, but so far in its history, this arrangement has not only been satisfactory to the nurses, but financially, it has been a success. In addition to the items of Staff Expense, of Overhead, with its division of House and Administrative, and of General Income, we feel there should be a few statistics in regard to cost per call, already spoken of, percentage of paying patients, percentage of total expenses borne by the public, and the percentage of total expenses borne by interest from investments.

We say again, we feel a uniform system of accounts would be most interesting and instructive. We have before us forms of hospital financial reports and statistics gotten out by a number of hospitals and recommended to others in order that uniformity in such matters may be obtained. Would it not be well for the Visiting Nurse Associations to follow their example?

In closing this paper we submit a form of report gotten up with the assistance of a cost accountant. We submit this form *not* with the idea that *it* shall be used, but merely as a suggestion.

Through the kindness of a number of Superintendents and Presidents of Visiting Nurse Associations in answering questions on this subject, it has become to the writer one of great interest and it has been the study of numerous Annual Reports that has made a uniform system of accounts seem almost a necessity.

OVERHEAD EXPENSES

Administrative

Office Salaries.....$
Office Expense.....
(a) Rent.....$
(b) Janitor services.....
(c) Laundry.....
(d) Cleaning.....

Telephone and Telegraph		
Stationery and Printing		
Postage		
Publication of Reports		
Auditing Expenses		
Miscellaneous		
Expense of House chargeable to Administrative		
		$

House

House expenses	$	
Employees		
Provisions and Food		
Heat and Light		
Rent		
Taxes and Insurance		
Repairs and Upkeep		
House furnishings		
		$

Staff Expenses

Salaries of Supt. and Nurses	$	
Expenses in connection with Pupil Nurses		
Expenses in connection with Special Nurses		
Expenses in connection with Physicians and Surgeons		
Nurses' Uniforms		
Nurses' Laundry		
Transportation (Car Tickets—Cab)		
Ambulance Service		
Medical and Surgical supplies		
(a) Drugs	$	
(b) Bandages		
(c) Instruments		
Loan Closet		
Dispensary		
Clinics		
		$

Special Account Costs

Relief and Welfare Work	$	
Direct Relief to Patients		
Milk to Infants		
		$

Statistics

Cost per call	$
Percentage of paying patients	
Percentage of total expense borne by patients	
Percentage of total expense borne by public	
Percentage of total expense borne by income from investments	
	$

Income

Contributions	$
(a) Special Days	
(b) Entertainments	
(c) Sales	
Interest from endowments	
Interest from deposits	
Interest from Investments	
Interest from restricted investments	
Receipts from Patients	
Receipts from Metropolitan Life Insurance Company	
Appropriation	
Capital Receipts	
Endowments	
Restricted Endowments	
	$

Income creditable to House Account	$
Income from Nurses' Board	
	$

A Financial Program Which Includes or Anticipates Public Subsidy*

ELLEN P. CUNNINGHAM.

Editor's Note: As it is felt that our readers will wish to have as much as possible of the Convention material published in this issue of the QUARTERLY, certain of the longer papers are given in an abbreviated form, as the publication of all in full would require more space than can be allotted even for a Convention Number. By this means, also, in cases in which several papers are given from one section the main points brought out by the various writers may be studied in their proper relationship to each other. The following paper is one of those which has been condensed.

In the light of Justice should Public Subsidy be given to visiting nurse work, and if so, when?

If laws and local ordinances control the relations of individuals to education and health, should not Government supply the necessary funds to enable persons to comply with these laws? For instance, as education is required of children and the schools are provided free to them, and if health is indispensable to education, logically taxpayers may demand subsidy for supervising and assuring health as far as possible.

Granted that justice and expediency require public subsidy for certain classes of patients or for preventive work, what of industrial diseases, many chronic cases from accidents or other causes, and the cases who need scientific care but cannot afford it? Surely if such an efficient organization as the Metropolitan Life Insurance Company finds it pays to nurse individual policy holders to life and health, rather than to pay for deaths, politicians may well pause to consider the nation's expense account of 300,000 annual deaths of infants—mostly preventable—and that of the morbidity bill for 3,000,000 persons ill at all times, not only for "expenses," but for $500,000,000 loss of earnings, and which often burdens the community with maintenance of whole families.

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* Paper read at Session on Organization and Administration, New Orleans, April 29, 1916.

In larger cities, where funds are available for separate nurses in congested districts the answer may sometimes be in favor of distinct systems for *different* city departments; but in smaller towns or rural communities where it is not possible for Government to finance various nurses, geographical boundaries make it wasteful of time and strength to send more than one nurse into the same house; as well as confusing for the family.

When nurses are doing work which includes School, Board of Health, Metropolitan, Infant Welfare, Tuberculosis, Chronics, etc., there seem to be several reasons why a Visiting Nurse Association is best adapted to the situation.

In the first place, it affords a base of coöperation which is entirely free from politics. In the second place, if the members of the Visiting Nurse Association have had more leisure and wider opportunities than local officials to study the details of the best policies carried out in other places, it may be expected that more attention is given to perfecting the services and records.

The ideal is to have generous citizens *supplement* public funds when necessary, in order to prove the desirability of new methods of prevention, etc. On the other hand, it must not be forgotten that the benefits of authority and continuity associated with all forces of government-control are very large.

These conclusions seem to have been warranted by the history of the Long Branch Visiting Nurse Association's three years of existence. The need of "home nursing," merely "bedside care," and work for infants was recognized by one or two earnest women. The Superintendent of the Public Schools also realized the advantages of having a nurse to follow-up in the homes the physical defects of children reported by the medical inspectors. He saw the double point, benefit to the children by keeping them more regularly in school, and at the same time preventing the constant loss of state funds, which are received on an attendance basis. The Mayor of the Commission form of Government knew that many appeals for "relief" came to the Overseer of the Poor because of illness, and that money spent *to keep people well* was economy.

Accordingly, the Board of Education agreed to permit a

certain sum to be paid to a nurse on a visit basis, for follow-up work with school children.

The Mayor arranged for a definite amount to be allowed from the Municipal Poor Fund for visits for the nurse.

The Metropolitan Life Insurance Company provided a small guaranty for so many visits per month to Industrial Policy Holders.

Eighty-five per cent of the sales of the Red Cross Seals was contributed toward the nurse's care of tuberculosis sufferers and preventive work.

A generous citizen donated a third of the first year's salary for a nurse, who was engaged through the National Organization for Public Health Nursing.

After the financial program was arranged and the nurse in her field, a large meeting was held to organize a Visiting Nurse Association.

Soon after the nurse's arrival, as it was desired to do something for Baby Welfare, a campaign for clean milk was begun at a public meeting of the Visiting Nurse Association. A special gift was used for a survey of the milk supply. The Mayor requested "inspection" by the Dairy Division of the New Jersey State Department of Health, and public spirited citizens loaned their motors for its representative to travel hundreds of miles to visit the dairy farms. After months of consideration of important features, on which experts appeared and gave advice, the Board of Health adopted a Modern Milk Ordinance. To properly enforce this ordinance, the Clean Milk Committee obtained funds from private citizens to establish a laboratory, purchase a motor cycle and to finance a scientifically trained Health Officer until the next City Budget could assume the salary and maintenance.

During the first year that both the Health Officer and the Visiting Nurse were in town there were about 75 per cent fewer deaths of children between one and five years of age, and about 25 per cent fewer under one year of age.

The second year the nurse started, in summer, a "Little Mothers' League" and gave "First Aid Instruction" to Boy Scouts. The third year the "Little Mothers' League" was continued, meetings held by courteous permission in a school

building. With the aid of numerous volunteers the Executive Committee of the Association conducted a house-to-house Birth-Registration Survey for the Federal Children's Bureau.

The Past has spoken—What does the Future suggest?

The possibility of a Health Center and an assistant nurse in order to do more intensive work.

The sources for funds during the year just closed were approximately:

	per cent		*per cent*
Board of Education	8	Entertainments, etc.	18
Metropolitan L. I. Co.	8	Overseer of the Poor	4
Private Subscriptions and Donations	40	Red Cross Seal Sales	16
		Nurse's General Fees	4

To learn the attitude of the outside nursing field on the relation of Public or Private Subsidy to Public Health Work, a circular letter was sent to nearly 200 Boards of Education, Boards of Health, Visiting Nurse Associations, etc. Over 130 replies were received. Two-thirds of those replying for Boards of Education expressed the belief that public funds and control conduce most to efficiency. Replies from representatives of the Boards of Health showed that about one-half believed public subsidy secured greatest efficiency—a little less than a fourth said they had no opinion, and the rest considered public funds for and control of the work best, conditionally upon freedom from politics. Both Philadelphia and New York say there is a field for both public and private nursing.

Of the Visiting Nurse or other private associations replying, about 48 per cent of the writers expressed no opinions, 32 per cent believed private funds and control were best for the work, and one-sixteenth believed in public control. About double the number of organizations receive financial support from a *combination* of public and private sources as from only private sources. Six times as many receive their public funds from Municipal—"town and village"—as from either Boards of Health or Boards of Education, which two last were about equal in number. A smaller proportion of organizations received support from the County, or from more than one source.

In various replies there is heard the rising note of opinion

that conscience, intelligence and enthusiasm, the personality, the *spirit*, whether of administrators or executives must be heard before the analysis of the whole question is closed.

The experience of the Long Branch Visiting Nurse Association is a finger post on the map of the country, in surveying which I read the sign pointing towards the value in smaller communities of a non-partisan, private base for work, in offering opportunity to secure coöperation from private funds for public health officials and also an economic base for efficient coöperation of service between public and private organizations for Public Health Nursing.

Public Health Nursing as Related to the Federation of Women's Clubs*

MRS. W. W. THORNTON

Editor's Note: The following paper is published in an abbreviated form. See note on page 79.

Intelligently and persistently has the Health Committee of Federated Clubs concentrated its attention and its activities upon the manifold problems within its province. According to the Chairman of one State Federation Health Committee, "Every possible phase of health work has been given successful aid in some place by some club; medical inspection of schools, or eye, ear, nose and throat, visiting nurses employed, tuberculosis exhibits to public and schools, lectures on sanitation, tuberculosis and social hygiene by physicians, individual drinking cups in schools, rest rooms for women."

Among the Standing Committees of Federated Clubs are those on Housing, Country Life, Civics, Parent-Teachers, Household Economy, Library Extension, Prevention of Blindness, Education, State Charities, Legislation—not one of which can go far toward improvement of conditions without consideration of the health of the community.

An officer of the General Federation of Women's Clubs expresses her appreciation of Public Health Nursing thus: "Public Health Nursing is a subject in which I am especially interested, and in my capacity as the Chairman of my Department, and as a member of the Public Health Council of the New York State Department of Health, I have labored to the best of my ability to bring about the closest coöperation between the nursing movement and the club woman."

A District Chairman writes, in response to an appeal for assistance from the State Chairman of Public Health Nursing: "I shall do what I can for you, as I feel the work of public health is above everything else in importance. Do you wish

* Paper read at Session on Organization and Administration, New Orleans, April 29, 1916.

a chairman in each of our six counties? I can secure them for you."

Another State Federation Chairman of Public Health, in her annual report headed her list of recommendations to clubs with "A public health nurse wherever possible."

A vital link in the chain of coöperation between Women's Clubs and Health Organizations was the celebration recently of a nation-wide Baby Week, called by the President and National Chairman of Civics, Home Economics and Public Health of the General Federation of Women's Clubs, with the coöperation of the Children's Bureau of the United States Department of Labor.

The Indiana Federation of Clubs has responded graciously and effectively to the present-day call for educational and preventive health measures through the medium of the Public Health Nurse. At the annual meeting of the Federation in 1914 a place on the health program was granted for a paper on Public Health Nursing and Citizenship, followed by a Round Table, when women from all corners of the state took advantage of the opportunity to present health problems from their home communities and to ask for information. The report which the State Chairman was permitted to present at the annual Federation meeting in 1915 showed that nearly half of the Federation Districts of the State were represented by a District Chairman of Public Health Nursing. The results are most gratifying. From every direction come letters of anxious inquiry and live interest—from a superintendent of schools in an Indiana town, from the State Department of Public Instruction, from Councils of Women in town after town, from Chambers of Commerce and Civic Leagues, from Parent-Teachers' Clubs, from officers of State District Federations wanting literature for distribution at district meetings, from young women wishing to become nurses. Dentists wish to donate services; the best physicians are proud to act, free of charge, as clinicians; nurses successful in private nursing are anxious to prepare themselves for this public work. Philanthropic societies write to know whether they can change their names so as to incorporate "Public Health Nursing" in the new name.

One development I must be permitted to mention. Terre Haute, Indiana, has for years employed visiting nurses. Each of three organizations has sent out its single nurse, these women covering the same territory and bringing about duplication of effort, waste of time, strength and funds. Nor, according to reports, has the work been uniform in efficiency. Finally, through the persistent efforts of the Council of Women, the Public Health Nursing Association of Terre Haute was organized, thus centralizing the hitherto scattered efforts.

So rapid is the growth of this field of woman's work that, even for the eye gifted with prophetic vision, it is impossible to view its full scope in the future. A partial view, however, is permitted to us.

We see the club women of tomorrow looking into the state of affairs as stated by Maud Van Buren in the "American City:" "With the present ignorance of the masses, men and women, of either ordinances or budget, it is no wonder that even in the veriest village prevention of social and sanitary ills is receiving *one* dollar of the public funds; cures or poor relief are getting *ten*. The woman who looks into these matters and makes a comparison of expenditures of the health and sanitary department of her city, with the expenditure of the police department, for example, and for paving of streets, finds cause for amazement, if not alarm."

The demand for graduate, registered nurses with special training or experience in Public Health Nursing, fitted to assume the sole responsibility of this work in a community, far exceeds the supply. What has the future in store for us at this point? How will the Federation of Clubs assist us at this important crisis? In at least two ways. First, they will create in the nurses of their own communities who have completed a general nursing course, the desire and determination to fit themselves, by taking post-graduate training now offered by several colleges, to fill the public offices above mentioned. Then, too, their girls just graduating from high school or college are looking about for a life work that requires ability, character, health and a purpose as a foundation. Club women can be of no greater service to the community than by encouraging their girls who are fitted for such work to enter upon training for it.

State Federations are inviting the National Executive Secretary to address their conventions upon the subject of Public Health Nursing. The near future will find this invitation becoming general.

Through the State Universities and the Federation Reciprocity Bureau, Public Health Nursing literature will soon be generally distributed among women's clubs, and speakers placed upon programs.

Small towns and rural communities, through the efforts of their women's clubs, will soon learn to coöperate in the employment of a community nurse. This has already been done successfully by neighboring towns no one of which could, alone, have financed a visiting nurse.

Women's Clubs, through their Legislative Committee, will shortly create public opinion resulting in the legislating of a State Supervising Nurse, such as Ohio now has.

The country school teacher and the rural visiting nurse will shortly share a home in the country, will create in it a social centre, a dispensary, a clinic, a model home.

If, in the near future, this part of our dream materializes, then indeed are the community and the Public Health Nursing cause both blessed. Where the principles and aspirations of two such national bodies as the General Federation of Women's Clubs and the National Organization for Public Health Nursing are finding concrete expression in the state, working shoulder to shoulder for better conditions, what may not the future yield to humanity?

ST. ROCH'S CHAPEL

A most interesting shrine, built in 1871 by Father Thevis, with his own hands, as a thank-offering that none of his parishoners had died during the epidemic of 1866–67. Pilgrims sought out this chapel and it soon became celebrated as a miracle-working shrine. St. Roch's Cemetery, like others in New Orleans, is quite curious as, on account of the damp soil, it was found necessary to inter above ground in small narrow crypts.

THE GATEWAY TO THE PANAMA CANAL

The long miles of steel docks are always alive with interest and the quays are laden with cotton, sugar, molasses and other local products awaiting transfer to the great freighters that come and go in a constant stream.

Public Health Nursing in Rural Districts*

Mrs. W. N. Hutt

Public Health Nursing in rural districts is so new in thought as well as in deed that few nurses have given it serious consideration and the rural people themselves scarcely know of its existence.

The lesson which the country people must learn is that each family is largely responsible for its sickness and death rate and that air, sunshine and water were given for use and not for exclusion. The country people should be made to realize that they should be the apostles of preventive medicine, because of their remoteness from doctors; instead of which, the average resident of the rural districts is willing to pay nothing for prevention, and is a spendthrift in curative medicine.

The requirements of the successful rural nurse are many: she must have physical vigor, with a keen sympathy and intellectual grasp. She must be tactful and trustworthy. One nurse forever cut herself off from helpfulness to the community by innocently telling about a woman's tasting each spoonful of food she gave the baby. She must have a sense of humor, without which she is as flat as distilled water; pure, doubtless, but without that live quality which makes it attractive. She must also be able to coöperate with everyone, from county commissioner and doctor to the prosperous and arrogant social climber, and the poor woman living down on the creek. She should, in addition, have the qualities of leadership which will enable her to organize women to study home problems.

Always her influence can grow with all classes; for instance she can get the young people together and build up the permanent health of the community by talks on beauty which, after all, are but rules for normal living. Her information aids indirectly in matters seemingly foreign to her work, as

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* Paper read at Session on Organization and Administration, New Orleans, April 29, 1916.

in telling the women where to obtain a free travelling library, to whom to apply for programs and program material for club work; she can speak before church and community clubs and *there* will come the opportunity to educate the women in the harmfulness of children's diseases, the way to prepare school lunches, the prevention of blindness, and the existence and destruction of bacteria. When it comes to the medical inspection of schools she rises in her might. She is already known and loved by many of the children and can prepare them for the examination and rid it of the nervous tension usually present. She assists the doctor in his examinations, explains the findings to the parents, teaches them to carry out his directions and sees that the family physician or a specialist is consulted about the more serious cases.

How shall we most effectually speed the day when every community will have a full-time public health nurse? "Educate the people," you say? Yes, but how? "Urge the authorities," you continue. Yes, but in what way?

First, we might have a campaign for the introduction of the rural nurse in the doctors' magazines, particularly urging discussion of the subject at every medical association meeting.

The nurses' magazines might have a wholesome amount of material on the subject for the information of the nurse herself.

The religious journals should be used. It seems to me we might even have sermons on the subject. Too little does the business world at large avail itself of the power of the pulpit in the spread of good ideas.

Since the State Boards of Health should be the center of all good things helpful and the motive power for better health conditions in the states, perhaps we may look to them for the publicity side and to the nurses themselves for the personal word. Next are the County Boards of Health, which might establish nursing in one county and let its light so shine that others will see its good work.

The National Organization for Public Health Nursing might be endowed by some such persons as pour out their money so freely for the use of the National Educational Board. The Smith-Lever fund has made possible a very large sum of money and work. There seems to be no reason why this work might not be altered to let the key note be economic thrift from the

viewpoint of health and that which makes health possible, rather than from the vantage ground of gardening, cooking and kitchen conveniences. The nurse would make an admirable county demonstration agent and the work would be built on the solid foundation of health.

If every hospital would maintain a nurse in the county in which it is located, public health nursing would receive a wonderful stimulus.

Groups of workers—women's clubs; men's organizations like the Masons and Odd Fellows, who own orphanages; Woodmen of the World, who buy flags for country schoolhouses; churches, particularly missionary societies, might turn their eyes inward for a few years.

Then, last but not least, there are the individuals, wealthy, kindly and generous. They establish libraries and give to all good causes. Might our efforts not be turned to reaching these citizens and educating them in the worth-while purpose of the rural nurse movement?

There is at the present time a great and worthy effort on foot to have the teachers live at the schools. Why not include the nurse? In short, there seems no reason why there might not be an effective coördination of the individual, the church, the public press, the educational system of the country and the public health service.

Eighty per cent of our population live in the country and, according to the Blue Book, ninety-six per cent of our great men are recruited from there. Our great opportunity and serious responsibility, therefore, are apparent. The future of the nation, of the church, of the great institutions of mankind depend on the wholesome individual homes of our rural sections. Lay the foundations of health properly and they will rear their own superstructure, the millenium of well-being, than which there is no wider humanitarianism. The nurse more than any other can render this signal service to the world.

Florence Nightingale said, "Nursing is an art, and, if it is to be made an art, requires as exclusive a devotion, as hard a preparation as any painter's or sculptor's work; for what is the having to do with the living body—the temple of God's spirit? It is one of the fine arts, I had almost said the finest of the fine arts."

Rural Tuberculosis Nursing*

ELIZABETH LEENHAUTS

Rural public health nursing is in its infancy in Wisconsin. By rural, is meant the actual country work, based on the county unit or on a subdivision of the county and not that confined within the bounds of even a small town. Even though the rural nurse may include villages or small towns in her territory, she will also work out through the surrounding farm districts. The unit of work in Wisconsin is the same as in many other states where this particular phase of public health nursing exists—the county.

The Wisconsin state legislature in June, 1913, passed a law enabling County Boards of Supervisors to employ nurses to work throughout the counties. However, in spite of its reputation for progressiveness, Wisconsin is in many respects a conservative state. County Boards, composed for the most part of successful farmers, are slow to act upon a project of this kind, without first being shown its value by actual demonstration and example. Since 1913, when the first rural nurse in the state was employed by Milwaukee County, this phase of nursing has been in the demonstration stage. It is, however, rapidly graduating from probation. The farmer and his wife are waking up to the fact that it is a good thing, and that, moreover, it is their due. The rural public health nurse has come to stay.

At present there are three county nurses in Wisconsin, two working in Milwaukee County, and one in Sheboygan County. An appropriation for a public health nurse has been made in Polk County, but the work there is not yet under way. A demonstration nurse working under the direction of the Wisconsin Anti-Tuberculosis Association has partially covered two more counties. It is practically certain that within another year each of these counties will be employing

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* Paper read at Session on Tuberculosis, New Orleans, April 29, 1916.

its own public health worker. An active educational campaign to be conducted by the Wisconsin Anti-Tuberculosis Association and directed toward the securing of county nurses will doubtless result in the adoption of this rural public health work in several counties.

After her employment the average rural nurse will find herself facing a variety of problems. First, the people with whom she will deal are very different from those of the city. A rural population is notably conservative. Every innovation comes after a struggle. Then, too, there is the mistaken idea that health abounds in the country, which must be overcome. The delusion that sickness and disease flourish in the city, but are a negligible problem on the farm is to be destroyed. The farmer knows very little of household sanitation. He is beginning to practise farm sanitation because that touches his pocketbook through greater returns from his cattle and other farm products. Household sanitation is almost an unknown word on the farm. The toilet, the old privy, still stands so close to the well that the contents of it must inevitably drain into the water supply. In the fall the farmer banks his house around with manure and straw so as to keep out the cold. Consequently, he shuts out all air which might otherwise creep through the cracks, but not the vapors from the manure.

A survey made by the Wisconsin Anti-Tuberculosis Association of one Wisconsin County, almost entirely rural in its population, revealed the startling fact that the county's death rate from tuberculosis was as high as the city of Milwaukee's and that it was about twice as high as the death rate in Wisconsin towns ranging from 15,000 to 40,000 in population. An investigation of general living conditions was made at the same time, which proved that the average farmer of any given social and financial standing was living in less hygienic surroundings than his city cousin of corresponding status. Another study of infant mortality made by the same organizations, the results of which are about ready for publication, indicates that in some Wisconsin counties as many as fifty per cent of the babies are born without any medical attention—not even that of a midwife. In other counties, a percentage may run

down to as low as twenty per cent, but even that is appallingly high.

There is tradition and custom to be overcome in the country. "My mother did it like this" often constitutes an unbreakable opposition. All of the nurse's arguments for open windows go down before the simple statement, "Night air is bad," uttered by a woman who from childhood up has been taught to fear night air. The problem in the country is one of education, patience, love, tact, and a broad spirit of genuine social service, as well as a practical knowledge of the nursing profession are needed to solve it.

Another great difficulty confronting the rural nurse is that of transportation. Her work takes her away from the railroads and the interurban lines. She must reach even the remotest farm house. During part of the year a horse or an automobile can be used but there are other seasons when the roads are muddy and when heavy snows render them almost impassable.

One rural nurse was requested by a school board member to visit his school. She arrived at a little town consisting of a depot, a general store, a butcher shop and a blacksmith shop. The school board member met the nurse with his horse and buggy, in which he drove her to the school, a couple of miles distant. As there had been a heavy rain, and the roads were in bad condition, it took twice the usual time to reach the school. After the visit to the school, the school board member conveyed the nurse back to the railroad where he dropped her with the cheering information that she could probably get the freight due there some time between five and twelve p.m. The nurse wandered over to the butcher shop to make inquiry about a place to get supper. There the "butcher lady" told the nurse there was no place to eat, but that she would be welcome to "stop here." The butcher's family consisting of six members lived in two rooms over the store and slept in two beds. The old grandmother rocked back and forth, smoking her corncob pipe while she "minded the baby." There were not enough knives and forks to go round and part of the family had to sit on soap boxes, but even these drawbacks, added to the filth and squalor, could

not mar the beautiful spirit of hospitality with which the mother declined the nurse's pro-offered payment for the meal. The nurse went back to the depot where she waited until 11.30 when the freight came through. It took an hour and a half to make seventeen miles. When the train stopped, the conductor came back to the caboose and explained to the sleepy-eyed nurse that the train did not go clear into town and that she was still one and one-half miles from the station. An auto was hired to convey the nurse to her destination.

This experience is not so unusual as you might judge for the nurse who is doing real rural work in an agricultural county. Hotels are few and far between and none too good. The nurse must carry a lunch with her or run the chances of getting one wherever noon finds her. Yet, in spite of all its inconveniences, there is a glory and a satisfaction in the work of the rural nurse which is eminently worth while. She is a pioneer in her chosen field, a breaker of new ground, and she has all the satisfaction of a creative artist as she watches her work grow and feels the response of her people.

Rural public health nursing, as it has been developed in Wisconsin, embraces three main branches of public health work, namely, tuberculosis, education in hygiene, especially in the schools, and the bedside nursing. We shall consider each one of these separately.

Tuberculosis consists in the discovery of cases of tuberculosis, the care for and education of patients in the home and the supervision of discharged cases where there is a county sanatorium.

The nurse finds her patients in various ways: first, in accordance with the state law the doctor reports tuberculosis to the local health officer; second, the doctor ofttimes reports directly to the nurse—reports from neighbors and friends—located by nurses through school visits or a house to house survey. In starting work in any community, the nurse's first visits are paid to all the doctors. After having gotten them in as friendly an attitude as possible toward her and her work, she asks permission to visit any of their patients who may need the attention of a nurse. In this way she obtains a partial list, though the response is not as large nor as complete as

could be desired. Locating tuberculous patients by the house to house survey is rather a tedious means of getting the information, but it is nevertheless very valuable for the nurse who is just getting acquainted with her field. Such a survey often reveals not only cases of tuberculosis but also many other cases of illness and unsanitary conditions which otherwise might have escaped her.

It is important that the nurse make friends of her people, because she is not a sanitary police woman, but must rely on suggestion and personal influence to bring about many of the changes which she desires.

One nurse discovered indirectly several cases of tuberculosis through her examination of school children. A visit to the home of an anemic, undernourished child often reveals tuberculosis, or some other pathological condition there, which if not taken in time might ultimately become tuberculous. Neighbors often direct the nurse to the home of a sick person with the request that she withhold the source of her information.

After the patient is found the next step is to persuade him to go to a sanatorium if possible. It may take months before the patient is convinced that the sanatorium is the place for him. Again it may be utterly impracticable or impossible for him to go. In either case, the nurse instructs the patient in the personal hygiene and in the precautions necessary to prevent the spread of the disease to other members of the family. She furnishes him with napkins and paper bags and teaches him how to use them.

A Milwaukee nurse was called into one home where she found the father of the family ill with tuberculosis. He was the typical small farmer with a few acres of poor ground, badly cultivated; a big family; many expenses and almost no income. To save in the fuel the house had been banked up with leaves and straw, and storm windows and doors put on. A stove in the kitchen heated it and the adjoining bed room. In these two tiny, dirty rooms the entire family of eight had been living all winter. The father did not know what was the matter with him, beyond the fact that he had a cold. Two of the children were "catching colds." The father was too far gone for much to be done for him except to make him

comfortable and to teach him how to protect the other members of the family against himself. The big mission of the nurse in that household lay in the salvation of the children.

The importance of the school work cannot be overestimated. Here the nurse is building for the future. Of course she is constantly on the outlook for adenoids and diseased tonsils, for cases of defective vision, hearing and teeth, for pediculosis and filth, but the nurse of vision will perceive her big opportunity to upbuild the next generation by vitalizing hygiene for boys and girls, by making it a practical, livable thing which the children may go home and do. Her experience and training should have fitted her to teach this lesson and it is even more her duty than it is that of the little eighteen year old school ma'am. Such a lesson, taught in a few minutes in a rural school will be carried home by the pupils and will eventually reach an area undreamed of by the nurse. In addition the nurse may give the teacher many suggestions about the sanitation of the school room which the teacher will in practically every case gladly receive. Work such as this does not show quick results, and yet I feel safe in saying that, if a nurse takes advantage of every opportunity in the schools, the end of the second year of her work will show a marked improvement in the sanitation of the school-room and in the personal appearance of the pupils.

Her educational work does not stop with the schools though, for the nurse is often called upon for talks at the social center meetings and also at some of the newly formed womens clubs. It does not rest alone with the city mothers to have parent-teachers associations. This last year in the majority of the Milwaukee county rural schools the mothers of the children realized the necessity of knowing how their children were being cared for during six hours of the day and also to experience the sanitary condition of the school building in which they are housed. At many of these mothers' meetings the nurse is asked to come to talk, and happy is the nurse that can make the best use of this splendid opportunity. Sheboygan County has a large German population, and as the nurse in that county is German speaking, she reaches a very large number of people.

The field of bedside nursing has almost no bounds. Under this head may come the prenatal care and instruction given to the expectant mother, the later visits after the arrival of the baby when the mother is taught how to bathe, clothe, and feed the newcomer.

Again the nurse may be called in upon a case of measles or typhoid, of pneumonia or diphtheria. In one home she may put in a dressing; in the next farmhouse she will give a bath to a chronic case of rheumatism, or a patient at home in the advanced stages of tuberculosis. In the caring for all illnesses we are more and more following the community nurse plan. A country community is happy to be able to possess the services of one nurse, she being called "The Nurse" and not a special title of tuberculosis nurse, child welfare nurse, or "the nurse that bathes mother when she is ill."

There is no end to the work which the rural public health nurse may be called upon to do. She must be a versatile person, daunted by no obstacles and ready to seize every opportunity to further her work of health instruction.

The Training School's Responsibility in Public Health Nursing Education*

KATHARINE TUCKER

After all, the basis of suggestions for changes in the curriculum of training schools must rest in the last analysis upon the conception of the purpose of training schools. And so I wish to begin with a definition. To my mind the training school should be the place where women are given by means of theory and practice the foundations for the most skilled and intelligent care of the sick. We are almost past the day of the so-called common-sense nurse who meets situations simply as her inherited instincts or acquired habits teach her, with only the back ground of her own limited experience and the folk-lore of her people as basis for judgment. Now intelligent care of the sick must involve some knowledge of the modern scientific approach to disease—something as to causes and prevention as well as a knowledge of particular symptoms and special treatment. For disease no longer is looked upon as an isolated manifestation coming from nowhere and leading to nothing. Neither in diagnosis nor treatment can the disease be separated from its causes and effect if thorough methods are being used. Today throughout the medical world we are seeing a revolt against treating hearts and lungs and an insistence on treating the diseased organs only in relation to the whole individual—his mental and social as well as physical self. It was in order that hospitals might meet this new conception and might themselves express this most adequate treatment that social service departments were created to render the work of the hospitals effective and far-reaching by adjusting the environment to the medical situation.

In how far have the training schools kept up with this view of disease and enlarged method of treatment? Many have

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* Paper read at Session of the National League of Nursing Education, New Orleans, April 28, 1916.

introduced field work either in the Social Service Department or in Visiting Nurse Societies for one or two months. A few have included in their theoretical work lectures touching upon the social interpretation of sickness. I think it safe to say that the majority of such training schools have felt in doing this rather virtuous as though they were exceeding what could really be required of them. And well they might, for certainly such a departure has not been required as yet and the schools which have acted on their own initiative in taking the first steps do deserve much credit. But it seems to me that what they have done is only what we should have a right to expect of them and even more. In looking upon the introduction of such field work as rather an extra flourish they have stopped short of making the training schools fully meet and express this new attitude toward disease. Training schools have not felt it their responsibility to incorporate in their courses, in proper proportion to the whole, practical and theoretical work on the social side as they have on the physical side of disease. But how is it possible for them to neglect that most important question, the relation of disease to the environment, if they believe the trained care of the sick involves some comprehension of the illness itself? Otherwise the training schools must be looked upon simply as a place where women learn the technic of doing certain definite things in a hospital. To be sure that almost was the old idea from which we are gradually getting away. Not only in hospitals but in factories, department stores and other commercial establishments it is realized that the best results are obtained and the highest output reached from those who see their task in proper relation to the whole, which implies an intelligent understanding of the whole.

Therefore the question resolves itself into a consideration of what is now omitted from the curriculum that should be and, practically, could be included as to these larger aspects of the problem of sickness. The key note of our health work today is the cause and prevention of disease. This at once implies a consideration of social problems because of their close interdependent relation to disease. This is the emphasis that seems to be overlooked by our training schools. For

all nurses to learn something of present-day knowledge as to preventable causes of illness is essential, for whether she be institutional, private or public health nurse, no nurse can escape the calling of educator. The public thrust it upon her and expect it of her. How many of us when first out of training, or even while in training, were asked to give advice in a hundred situations about which we knew practically nothing? It is no small responsibility to assume the title of nurse as it invariably means to the public that we have all knowledge in regard to all ills. While this is terrifying at times and a serious responsibility always, it is an opportunity most inspiring and one which as a profession and as individuals we cannot afford to lose. So that our position of educator may be assumed consciously and not accidentally, thoughtfully and intelligently rather than carelessly, it seems to me the duty of the training schools to give the pupils the foundations of knowledge as to prevention which may serve at least to let them catch sight of this constructive approach to sickness and give them an incentive to know more through seeing how much there is to know.

In the suggestions that the Committee on Public Health Nursing Education of the National Organization for Public Health Nursing make, it has been their endeavor to always keep in mind a sense of proper proportion. As far as public health nursing itself is concerned the suggestions are obviously inadequate, so little detail and so little time is asked, but for general instruction it seems very worth while. In the first year only a point of view could be given, only an attitude of mind could be expected, from a few days spent in the Social Service Department of a Visiting Nurse Society and five most generalized lectures on sickness as a social problem. And yet such a point of view may be sufficient to change entirely the emphasis and interest of the nurse throughout her course. To be able at the very start to visualize the homes from which the patients come, something of the forces at work that brought the patient to the hospital should, and does where tried, vivify and humanize all that otherwise might be impersonal and detached technic. The second year when tuberculosis, venereal diseases, mental diseases and the like are pre-

sented from the standpoint of their ravages upon the individual, at the same time to know that there is a group of experts studying the very foundation of these diseases, that is, their social causes; to learn that many of these causes are known and can be eliminated; to hear that for the most part these campaigns of prevention depend for their ultimate success upon the work of the nurse, certainly such knowledge will give the student a new eagerness and increased devotion to each daily routine task. And, after all, is it not the only logical method, to teach about these diseases from the broadest point of view? The lectures should be illustrated by material that the nurses themselves have seen both in the hospital and, if possible, in the homes where the social emphasis may be made real by visits with the social service workers. In the third year just as training schools endeavor to give the pupils an idea of the openings in other lines of work, so the Committee suggests that five lectures be given on the main types of public health nursing, with some development of the peculiar problems and methods of each. Further, in order that these women who are going out into the world as trained nurses may know something of those larger social problems so closely related to all health questions, the Committee has asked for ten lectures on modern social problems such as immigration, labor conditions, prostitution, housing, etc. For the training school so organized that it can offer electives at least to a few well chosen and particularly adapted students, an elective course of three or four months in public health nursing to be given in affiliation with the local public health nursing activities seems desirable. The whole question of introducing electives into the curriculum would of course have to be discussed in relation to the other types of nursing as well. The practicability of such an arrangement would rest on the equipment of the individual training school and the local opportunities.

You will see it is not a public health nursing course for which we ask. We realize that is not the responsibility of the hospitals nor are they equipped to give it, except in so far as they may affiliate for the elective work. It is not even as public health nurses that we ask for this rounding out of the course, though doubtless it is public health nursing work that has

emphasized the great need and importance. As nurses and for all nurses we want the training schools to include in their courses such subjects and practical demonstrations as will give the pupils a thorough ground work in all that is implied when we say skilled and intelligent care of the sick. The private and institutional nurse needs this view and knowledge of the special problems met by the public health nurse as much as the public health nurse needs some knowledge of operating room technic. In this way the training schools would offer an all-round basis for further specialization in any line.

Sometimes I think the growth of Public Health Nursing has been so rapid it is felt by those outside that we wish to swallow up everything: training schools, public interest, even conventions! A pioneer field does bring a kind of leaping, thrilling interest that possibly leads to over emphasis of its own importance. Public health nurses probably have been and are not yet entirely free from this kind of absorption in their own work. However, in these suggestions to the training schools we have most consciously endeavored to put ourselves in their place and to ask only what we felt all nurses need and the training school of high standard could give.

Eighteen Months Field and Dispensary Work with Syphilitics

MARGARET TUPPER

Editor's Note: As no papers on Hospital Social Service work were read at the Convention, this article describing the special piece of work recently undertaken by the Social Service Department of Lakeside Hospital, Cleveland, Ohio, has been included.

Nineteen Fifteen marked the closing of Cleveland's segregated district. Four months before this occurred, the Social Service Department of Lakeside Hospital began a systematic campaign to record and to follow up every case attending the Dermatological clinic for the treatment of syphilis. For two years previous to this we had followed only those cases whose attendance seemed delinquent and whose condition appeared urgent to the busy physicians in charge of the clinic. What the attendance upon the Dermatological clinic was before this intensive work began we do not know. We feel that our efforts have already been rewarded because within eight months the clinic has grown to such proportions that it was opened six days a week instead of three; it was moved to larger quarters, and the staff of clinicians was doubled.

Every case showing a positive Wassermann at Lakeside Dispensary is referred either to the Neurological or to the Dermatological clinic. The patients treated by the former department are generally in the late tertiary stage of the disease. The department of Dermatology treats some cases in the third stage and all cases in the primary and secondary stages are referred directly upon admission. Consequently in this clinic there is a big opportunity to prevent the development of many insidious later manifestations of syphilis, which flood our wards under the various diagnoses of cardiacs, tabes, optic atrophy, interstitial keratitis and osteomylitis.

The long period of treatment, from three to five years at varying intervals under the doctor's care, make it extremely difficult to hold even the most intelligent patients unless there

be a medically trained social worker of broad experience and sympathetic understanding who can encourage these patients with the possibility of ultimate cure and stimulate their flagging sense of responsibility for continuing treatment.

We have kept three principles in mind in dealing with a case of syphilis. First, we have gained the patient's confidence by assuring him that no information, concerning his diagnosis, without his signed request will be given to anyone, except a legal guardian, outside the medical profession. Second, we arouse his sense of responsibility with regard to protecting others from exposure to the disease, and to safeguarding his future efficiency in following the doctor's orders until he is pronounced cured. Third, in cases where it is indicated we give sex hygiene instruction, striving to build up a new resistance to new temptations and to prepare the patient for resumption of a normal life when his physical disease may be cured. Of course, this instruction is wasted in cases who are mentally defective. This type of case needs institutional protection for the rest of his life.

During 1915 we recorded 585 different patients. Of this number 14.5 per cent gave fictitious addresses upon entry; 9.5 per cent moved or lived outside the city, 9.9 per cent moved within the city leaving no address, and 2.7 per cent refused to continue treatment. We carried 305 patients over into 1916. The remaining 12.3 per cent were referred to private physicians' offices and transferred to other institutions or dispensaries. We hope that this year we can hold a larger percentage of our total.

However, we have been gratified to watch the increasing response that has come from this clinic. Now many patients, if they are leaving the city, ask us to refer them to reliable sources for treatment in other cities. These cases always receive a letter to a dispensary, a hospital or a physician about whom, if possible, we are informed. The smaller towns of course present very meager opportunities for free treatment. The counties and townships should awaken to their responsibility in this matter.

As Cleveland is a veritable market and clearing house for labor, we have many transient men who cannot be followed

Even some of these have returned after several months' absence in other localities.

In every case where others, members of the patient's family or non-relatives, have been intimately exposed, the patient is made responsible for bringing these persons in for examination. These situations must be handled with great care to prevent a tragedy occurring and as a result of this we have several entire families under treatment.

The occupation and place of employment of every new case is recorded upon his admission to the clinic. We are prone, I think, to fear that a large percentage of syphilitics are cooks or waiters. Out of 440 cases thus far investigated 14.3 per cent were handling food or dishes in some capacity. If a patient be in an acutely infectious stage of the disease, he is not allowed to return to his job until in the doctor's opinion treatment has rendered him safe.

The Cleveland City Hospital is our sole resort for syphilitics in the early stages needing isolation and ward care. The City Hospital's ward accommodation for syphilis is wholly inadequate. Nearly every week we face the problem of some patient whose condition is a menace to the public and who must eat his meals at chance lunch counters and who must wait anywhere from two days to a week to secure hospital care. Not long ago on Saturday afternoon such a patient, who said he had been evicted from his lodging, had to be turned loose on the streets over Sunday because there was no room for him in the City Hospital and no other place where we could safely send him. In his case even the refuge of the county jail and police station were denied because he was without a legal warrant or charge for arrest. Even when we have been able to arrange for a patient's admission to the City Hospital we must rely on the patient's honor to go there. On the following morning, if City Hospital reports that he did not apply, a home call is made and if necessary admission secured through the Health Department. Our Health Commissioner has given us splendid coöperation. It may be of interest to tell how this department usually enforces attendance upon our clinic or entrance into the City Hospital. A Sanitary Policeman calls at the patient's home or lodgings and in event of

his refusal still to comply the Department offers to placard his door with a sign for syphilis. Though this method is very efficacious it does not reach patients who are transients or who have given fictitious addresses. As a public we are treating syphilis with almost the same indifference accorded smallpox in a half civilized country.

We have only referred urgent cases or cases where our every effort had been exhausted to the Health Department. During 1915 we had recourse to this Department for 2.7 per cent of our entire number. Half of this percentage remained adamant even with the Commissioner of Health.

Though many of our patients are practising clandestine prostitution and illicit relations, we have been unable to hold any professional prostitutes because we lack police power for forcible removals to City Hospital and a thoroughgoing probation system following their discharge from the hospital. We have watched with interest the closing of the segregated district upon the number of fresh infections appearing in our clinic. By the courtesy of Dr. A. R. Warner, our Superintendent, I quote the following figures published by him in *The Cleveland Medical Journal* for March, 1916.

"It has been for some time the custom in the Lakeside Dispensary to secure, whenever possible, from each patient having syphilis a statement of the date infected, the type of person from whom the disease was contracted (that is, whether from a prostitute, street walker, friend, etc.); also where infected (in a public house of prostitution, assignation house, rooming house, etc.); also whether the patient was drunk or sober when the disease was contracted. It is not possible to induce all patients to give this data fully and freely, but many will give it.

"Before the closing of the segregated district, for the pamphlet of the Federated Churches, entitled "Suppressing Prostitution in Cleveland," there was collected from the dispensary records a series of 112 cases reporting fully the source of their disease. The individual reports of each of the 112 cases were carefully compared and no effort was made to include cases not giving full and satisfactory details. The object of this table was simply to determine accurately the per-

centage of infections from the various sources. The report follows:

" 'One hundred and twelve cases of syphilis in men, acquired in Cleveland within the past eight months, have come to the Lakeside Dispensary for treatment. Women, old infections, and infections acquired outside of Cleveland are not included in these figures.'

Sources	*Number of Cases*	*Percentage*
Segregated district	45	40.2
Street walkers	29	25.9
Clandestine prostitution	10	8.9
Accidental	14	12.4
"Friends"	11	9.8
Marital	3	2.6
	112	99.8

"The above list included only the infections acquired in Cleveland during a period of eight months by men who gave the full data. In addition to this list there must have been more than a few patients treated in the dispensary for syphilis acquired in this period, who either did not contract the disease in Cleveland or who did not give a full report of the source.

"To compare with the above table the individual records given by men infected in Cleveland in the eight months period between April 1, 1915, and January 1, 1916, were collected. In addition all cases of fresh infection for the same period treated in the dispensary were also collected. In order to include absolutely all the infection contracted before January 1 the records were not searched until late in February. A change in record keeping made it much easier to locate the cases not giving full information as to source in this series than for the first series. The individual sheets giving the data as to source were always kept apart from the routine records and readily available. There were only 18 full records of infections acquired in these eight months, the same period of time of the first series.

Source	*Number of Cases*	*Percentage*
Street walker	6	33.3
Friend	4	22.2
Unknown or accidental	6	33.3
Clandestine prostitution	2	11.1
	18	99.9

"In addition the records showed that 35 other cases of the disease in men acquired in this period were treated. These included out-of-town cases (5) and cases not giving full data, such as were excluded from the former series. The attendance at the dispensary increased 7,052 visits in 1915, indicating that the number of patients contributing toward the last series was greater than that contributing to the first. Therefore, a comparison of the eight months preceding the closing of the segregated district and the eight months following this closing as to the amount of syphilis treated in Lakeside Dispensary may properly compare the syphilitic infections in Cleveland.

In eight months *before* the closing of the segregated district.		In eight months *after* the closing of the segregated district.	
Listed cases	112	Listed cases	18
Unlisted cases	(?)	Unlisted cases	31
	112 plus (?)		53

" . . . . From the standpoint of public health, the closing of Cleveland's vice district was certainly wise."

Surely this was a step in the right direction.

We feel very keenly the need of a night clinic to take care of the wage earners who cannot attend regularly even on Saturday afternoon. A sane number of beds at City Hospital would greatly facilitate the proper treatment of urgent cases. There should be some legal method of compulsion to force the refractory cases to be treated. Surely the day will come when all persons connected with the preparation and serving of our food and who are giving intimate personal service shall be required to present a clean bill of health. Perhaps health insurance will solve the problem. Back of all these palliative needs

comes the intelligent and careful education of the next generation in sex hygiene, proper housing, which shall ensure a minimum amount of individual privacy and the democratization of normal means of recreation.

The Mental Hygiene Movement and Preventive Measures*

ELNORA THOMPSON

The Mental Hygiene movement had rather a romantic beginning. Some few years ago a young man graduated from Yale University. Shortly after his graduation he became mentally ill and for two years he was cared for in public hospitals and private sanitaria in the state of Connecticut. During this period he was acutely sensitive to things going on about him and after his recovery had a clear remembrance of these things and of their effect upon himself. Being of a literary turn it was quite natural that he should put these experiences in writing. When he had finished he sent his manuscript to several scientists and humanitarians asking that they review it and advise him as to its publication. Acting upon their advice it was published under the title "A Mind that Found Itself," Professor James of Harvard writing for it a foreword in which he stated "It was the most phenomenal exposition of abnormal psychology from the inside that could be imagined."

Largely as a result of this book and the persistent efforts of the author, Clifford Beers, there was organized a Society for Mental Hygiene in Connecticut which was incorporated in 1909. Shortly after there was formed a National Committee for Mental Hygiene, composed of prominent people from all over the United States, which gave as its principal objects:

> To work for the conservation of mental health; to help raise the standards of care for those suffering from nervous disorders, mental disease and mental deficiency; to promote the study of mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention; to obtain from every source reliable data regarding conditions and methods of dealing with mental disorders; to enlist the aid

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* Paper read at Session of the National League of Nursing Education, New Orleans, May 1, 1916.

of the Federal Government so far as it may seem desirable; to coördinate existing agencies and help organize in each state in the Union an allied, but independent Society for Mental Hygiene, similar to those already in operation in several States.

Within the year the New York State Charities Aid added to their organization a Committee on Mental Hygiene and Illinois incorporated a Mental Hygiene Society. Gradually other states have become interested until now there are societies either incorporated or about to be, in Massachusetts, Maryland, Pennsylvania, North Carolina, Alabama, Louisiana, California, Rhode Island, the District of Columbia, and Dayton, Ohio.

The activities of these societies differ according to the individual needs of the various communities, but it is significant that all have medical affiliation of the highest character. The Medico Psychological Society have twice given over their first evening session to a Mental Hygiene program, the papers being given by men of high rank in that Society and who were also members of the National Committee for Mental Hygiene.

The movement was recognized by the International Congress of Hygiene and Demography held in Washington in the fall of 1912 at which time Dr. Lewellys F. Barker, President of the National Committee for Mental Hygiene said:

> By a campaign for mental hygiene is meant a continuous effort directed toward conserving and improving the minds of the people, in other words, systematic attempt to secure human brains, so naturally endowed and so nurtured, that people will think better, feel better and act better, than they do now. Such a campaign was not to be expected before the rise of modern medicine. For only with this rise have we come to look upon states of mind as directly related to states of brain, to view insanity as disordered brain-function, and to recognize in imbecility, and in crime, the evidences of brain-defect. The imbecile, the hysterical, the epileptic, the insane, and the criminal were formerly regarded sometimes as saints or prophets, sometimes as wizards or witches, often as the victims of demoniac possession, on the one hand to be revered or worshipped, or, on the other, to be burned or otherwise tortured. Now, such unfortunates are looked upon as patients with disordered or defective nervous systems, proper subjects of medical care; some of them are curable; some are incurable, but still educable to social usefulness; a part of them are socially so worthless, harmful or dangerous as to make their exclusion from general society necessary, or desirable.

It is but a short step from such a reformation of ideas to the realization that less marked deviations from normal thought, feeling or behavior, are also evidences either of brains defective from the start, or made abnormal in function by bad surroundings or by bodily disease. As examples of such marked abnormalities may be mentioned those met with in children who are difficult to educate, in young people arraigned in the Juvenile Courts, in adults, who, inadequate to the strains of life, crowd our hospitals or sanitoria on account of "nervous" or "mental" breakdown, or who owing to anomalies of character and conduct, provide material for the news column of the sensational press. Modern medicine has taught us to recognize that the conditions necessary for a good mind include, first, the inheritance of such germ-plasm from one's progenitors as will yield a brain capable of a high grade of development to individual and social usefulness, and, secondly, the protection of that brain from injury and the submission of it to influences favorable to the development of its powers. Now if these doctrines of modern medicine be true, the general problems of mental hygiene become obvious; broadly conceived, they consist first in providing for the birth of children endowed with good brains, denying as far as possible, the privilege of parenthood to the manifestly unfit who are almost certain to transmit bad nervous systems to their offspring—that is to say, the problem of eugenics; and second, in supplying all individuals from the moment of fusion of the parental germ-cells onward, and whether ancestrally well-begun or not, with the environment best suited for the welfare of their mentality.

To carry on such a campaign there have been enlisted the services of physicians, psychologists, nurses and laymen. The National Committee have launched upon a campaign of education, sending out exhibits, publishing pamphlets and are now making surveys of conditions surrounding the mentally ill and feeble minded in states requesting such aid, with the hope of stimulating action looking toward better and more scientific care of those already afflicted and pointing out methods of prevention.

The first consideration of any movement for public health should be, and usually is, prophylactic and in connection with the Mental Hygiene movement we must first consider the education of the general public to a proper conception of mental illness, for even yet many feel about it as did an old colored woman in Chicago, whose sister was being held at the psychopathic hospital, who said, after answering the questions of the nurse from the social service department; "I don't know why she's crazy. 'Ise done ay'ething I knowns how to make

her well. I'se took her to church. I'se made her read her Bible. I'se had her pray by the hour and av'ebody knows the Lord don't send craziness—it takes the debil to lunitic folks." The tendency to put the mentally ill in a class by themselves is the result of ignorance, and while it is true that there are forms of mental illness the cause of which is unknown, there are also forms of physical illness about which we are equally in the dark. From education we may hope for better hospital care, enlightened legislation, stimulation of research and prevention of mental breakdown in those forms of mental disease of which we know the cause—such as General Paresis—and other forms which result from syphilitic infection, or the group predisposed to alcoholism. When people generally realize that the children of feeble minded parents will be feeble minded some means to prevent such marriages will be found.

This then is part of the function of Societies for Mental Hygiene and well trained nurses are needed for the movement. These nurses should have experience in caring for the mentally as well as the physically ill and have had social service training. They must familiarize themselves with the laws pertaining to the insane, feeble minded and epileptic and the commitment procedure in the states in which work is to be done. Almost all of the social service work of the State Societies is being done by nurses and the newer societies are looking about for properly trained women for this branch of their work, which covers a large field. There is the after care case, the individual, paroled or discharged from the state hospital who must re-adjust himself to normal living conditions and perhaps find employment; the borderline case, the individual not yet broken mentally, who must be taken to clinic or physician for examination and advice; the so-called constitutionally inferior individual, not an institutional case but in need of care, direction and supervision. All these and many others will come to the attention of the mental hygiene social service nurse. To meet their needs she will have to assist in establishing clinics, if such do not exist, enlist the interest of the state hospital, as well as other physicians, and will probably find it necessary to establish an occupational department, for

as occupations have been found to have a therapeutic value in the institution so they are proving of great value in the field of prevention. To be effective they must be under the direction of a skilled teacher or teachers who have understanding of abnormal groups. The occupations have to be of a great variety and very elastic, but it is found that many people unable to compete industrially can in this way be made self supporting, while others, after this understanding direction and a period of training, can take their place in modern industrial life. Some examples from such a department established in connection with a State Society for Mental Hygiene may serve to illustrate:

A woman who had been a problem for years to a relief agency of the city was referred to the Mental Hygiene Society. She was diagnosed by a competent alienist as constitutionally inferior and it was recommended that she be given work in the occupational department of that Society. After some weeks instruction in plain needle work, she found a position for herself in a tailoring establishment. She is now earning $7.00 per week and the relief agency in a recently received letter says: "We feel sure that her present success is due to the training she received at your institution."

Another organized charity reported an old lady past seventy as being insane and in need of institutional care. It was found after examination that this old woman was not insane, but naturally melancholy having a few months before lost a son who was her sole support. She had tried various means of earning a livelihood at each of which she had failed and had come to the conclusion that there was nothing in life for her. It was found that this old woman did very good needle work and could be taught to make the most elaborate of the fashionable appliqué quilts. She has been self-supporting for more than a year as a result of the sale of those quilts, the large ones having a market value of one hundred dollars each.

A woman about sixty, a trained nurse, incapacitated for active work because of lameness, was becoming discouraged and melancholy. She had some knowledge of needle work and has been taught to dress dolls and make braided rugs. She is now practically self-supporting and a wonderful influ-

ence in the work rooms of this society because of her cheerfulness and general desire to help others.

A young man was referred by the social service department of a general hospital, both feet having been amputated. His history showed that he had been batted about from his early youth. He had been in seven schools and institutions, some of a semi-correctional character. An only brother a few years older was in the city prison for larceny. He was 22 years old, had a quick temper, an impediment in his speech and was very erratic. Had never stayed anywhere any length of time and felt that life held absolutely nothing for him. He has been in the occupational department almost a year, does excellent cabinet work, has just finished a doll house valued at a hundred dollars, is entirely self-supporting and spends most of his off-time in a hospital visiting another former worker who is seriously ill. He says he does this "Because that poor guy is worse off than he is."

Women capable of assuming direction of these occupational departments are not numerous. It is hoped that within a short time a department for the education of such workers will be established in connection with the Mental Hygiene movement. Nurses clever with their fingers, after this training, would make excellent instructors and might find this another avenue for their activities.

In closing this brief outline of the Mental Hygiene movement, may I ask nurses to consider seriously the great need of the mentally ill for the highest type of nursing care and urge our women to give themselves the opportunity of discovering the great interest for them which lies in the study of this branch of nursing?

Why Are We Interested in the Feeding of Infants?*

WALTER HOFFMAN, M.D.

Vital statistics show us that of one hundred babies who die during the first year, eighty have been bottle fed and that it is a conservative estimate that 50 per cent of these can be saved, if they receive proper care. "Ignorance kills a large percentage."

We know that it is not so much the curing of the sick baby which lowers the death rate as it is the prevention of sickness. Most children are born healthy. Our main object should be, therefore, to "Keep the Well Baby Well."

The time is past when physicians and nurses waited for the individual to get ill before they gave him the benefit of medical and nursing knowledge. The governments of different countries have realized the value of preventive medicine and have taken active measures along these lines.

To keep the well baby well and care for it in sickness requires a certain knowledge of the normal baby and its needs. A few essential facts regarding the normal baby are:

During the first few days of life, the baby loses 8 to 10 ounces and usually regains its birth weight by the tenth day. After that the average daily gain is about one ounce for the first three months, gradually going down to two-thirds of one ounce during the next three months. After six months a daily gain of one-half ounce is very satisfactory.

The weight of the baby is the best guide to judge its development and we should therefore weigh the baby at least once a week. It is not so much the absolute weight as it is the gain or loss which interests us. Any great variation from the average above mentioned usually means there is some disturbance.

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* Paper read at Session on Infant Welfare Nursing, New Orleans May 2, 1916.

The breast-fed baby has usually two or three soft stools a day (orange yellow), but it may be perfectly normal for a breast-fed baby to have only one stool in forty-eight hours, or it may have several even greenish stools a day and still be perfectly normal. These variations are only of importance if they are accompanied by loss in weight or other general symptoms.

The bottle-fed baby as a rule has one more or less formed stool in twenty-four hours. Any great variation from this rule means a disturbance and requires attention.

Feeding

Observation has taught us that babies as well as adults have a definite tolerance for different foods. By tolerance is meant the ability of the individual not only to digest but also to thrive on a certain food. The tolerance is influenced by various factors, such as quantity of the food, outside temperature, clothing, age, illness, etc. If an individual takes more of a certain food than it can tolerate, the food will act as a poison instead of a food. The same food that nourishes a child when given in amounts under its tolerance will injure the child when given in amounts exceeding its tolerance.

The best control of the amount of food is the caloric value of the food. A caloric is the amount of heat which raises the temperature of one cubic centimeter of water by one degree centigrade. We know from numerous observations and experiments that the caloric need of the normal new-born is approximately one hundred calories per kilo for twenty-four hours and that this caloric need gradually goes down to about 80 calories at the end of the first year. One should therefore familiarize himself with the caloric values of food and use this knowledge as a check in making the feeding formulas for infants:

The caloric value of

One ounce of breast or cow's milk is about 21 calories
One ounce of cereal or sugar is about 120 calories

Babies must be nursed by their mother whenever possible because,

Mothers' Milk is the natural food for the baby.
Nursing is a health insurance for the baby.
Mothers' Milk is the cheapest and best food for the baby.
Nursing of her baby benefits the mother in helping the involution of the uterus, etc.
Mothers' Milk makes happy homes by keeping illness out.

Nearly every mother can nurse her baby at least for some time and even a few weeks of nursing helps a baby greatly.

Suggestions for the technique of nursing.

Beginning about three weeks before confinement the nipple should be taken care of by special daily washing. After birth the nipples should be washed before and after nursing.

As soon after birth as the mother is rested, the baby should be put to the breast and for the first two or three days to both breasts at a time until the milk comes in. This should be repeated at regular intervals of four hours during the day and once during the night, in all six times in twenty-four hours. The baby should be offered boiled water between these feedings without the addition of sugar.

As soon as the milk has come in the baby should be put to one breast only at a time and after two or three weeks five feedings in twenty-four hours, are in most cases sufficient, in other words the night feeding after two o'clock may be omitted. The time of each individual nursing should usually not exceed twenty minutes.

What are the advantages of this four hour feeding?

The baby is more comfortable.

The baby's stomach will be empty between feedings for some time, so that there is free hydrochloric acid in it, which is so desirable on account of its disinfecting action and its stimulation of liver and pancreas. In this way colic is avoided.

The danger of over-feeding the child is minimized.

The baby will empty the breast more thoroughly at each nursing and we know that thorough emptying of the breast is the best stimulant to milk production.

The injury to the nipples is minimized.

It gives the mother ample time to do her house work, to attend to social duties and get the necessary rest during the day.

It gives the mother the very desirable night rest.

The régime of four-hour nursing should if possible be kept up for five months, after that one nursing should be replaced by a farinaceous feeding which is prepared in the following manner:

One tablespoon of farina or any other flour is boiled with four ounces of water and four ounces of milk thirty minutes.

After two more months we should replace a second breast feeding by a farinaceous feeding and give between feedings from a half to one ounce of orange juice once or twice a day.

At the tenth month a third feeding should be replaced by a vegetable soup and during the twelfth month the baby should be weaned entirely.

Outside of the care of the nipples we have to look after the general hygiene of the mother to insure a good and sufficient supply of milk.

It is essential for the production of good milk that the mother should have sufficient rest at night and that mental worry should be avoided as much as possible. On the other hand, a mother should have a sufficient amount of daily physical exercise but not going to extremes.

It is not advisable to make any radical changes in her diet if she has been on a sensible, wholesome one. Omitting of certain vegetables, salads, etc., during the time of lactation is surely wrong, if the mother has been accustomed to them. On the contrary the nursing mother being inclined to constipation should eat liberally of vegetables and fruits. Over-eating is often cause for trouble, but we should insist on her taking liberal amounts of fluid, milk and water, but the milk should not be taken between meals in large quantities as it interferes with the appetite at meal time.

Menstruation does not seem to have any bad effect on the milk except in those cases where the mother anticipates trouble by menstruation.

In cases of pregnancy it is advisable to wean, but not suddenly, as it is well known from observation that many a

mother has nursed a child not knowing she was pregnant until she felt life, without apparent damage to either the first or second baby.

What are the difficulties in breast feeding?

First there may be no production of milk at all, a condition which is, however, rare.

Second, the mother may be suffering from a condition which would make it inadvisable for her to nurse. Open tuberculosis is the one absolute contra indication to nursing. Severe anemia, advanced disease of the kidney, malignant tumors in the mother and prolonged fevers usually make it inadvisable to let the mother nurse, while infectious diseases of short duration like mumps, sore throat, etc., should be no indication for weaning.

Inverted nipples often make it impossible to feed the baby directly on the breast, but we should resort to the use of nipple shields or we should pump the breasts and keep the supply of the mother's milk up in this way as long as possible. The slightest cracking of the nipples requires immediate attention, cleanliness and medical treatment should be instituted. We may have to resort to the use of nipple shields or even the breast pump at least temporarily. If an abscess occurs in the breast the flow of milk should be kept up while under treatment, by pumping the breast, and the baby should be put back on the breast as soon as there has been free drainage established.

In those cases where the mother believes that the supply of breast milk is insufficient we have to assure ourselves, first, that there is no other trouble preventing the thriving of the baby, that means we should look after the general hygiene and diet of the mother, and then weigh the baby before and after nursing to find out how much milk it is getting in twenty-four hours. If we come to the conclusion the supply is insufficient we should give additional food but not consider it an indication for weaning. In the first three months of life this additional food is given in the form of proper milk dilution, immediately following each breast feeding. After three

months it is usually better to replace one or more breast-feeding by the proper formula, and let the mother give both breasts to the baby at each feeding.

The difficulty of over-feeding on the breast which results in a fretful, constipated baby, having stationary weight, occurs rarely when the baby is fed at proper intervals. In a given case the regulation of the interval and the shortening of the individual feedings usually remedies the trouble, especially if we see to it that the mother lives according to the above suggestions. In the more severe forms of over-feeding showing vomiting, diarrhoea and greater than normal daily variations of temperature, a temporary withholding of the breasts may be necessary.

All these rules must be modified more or less to meet the individual case.

Artificial feeding

At present we have no ideal substitute for mothers' milk. There is no doubt that many babies have been raised on various and often very complicated mixtures but simple dilutions of cows' milk with addition of sugar have given the most satisfactory results in the majority of cases, and until we have something better we should adhere to their use.

It has been shown that the average child needs one hundred to one hundred and twenty-five ccm. of milk for each kilo of weight in twenty-four hours or one and one-half to two ounces per pound. For the first three months we use plain water as a diluent, after that some flour water (barley or oat meal) seems to give better results.

The digestive power of the infant under three months for carbohydrates other than sugar is not highly developed, although present. The quantity of the diluent depends mainly upon the age of the infant. Although the feeding of whole milk, usually citrated, is practised by some with success, still in the majority of cases proper dilutions have proven more satisfactory.

The four-hour interval should be more rigidly adhered to in artificial than in breast feeding as we know that artificial foods will stay longer in the stomach than breast milk. There

are certain requisites which cows' milk must fulfil to make it fit for use of babies.

The milk must be fresh.

The milk must come from healthy cows.

The milk must be clean.

The milk must be cooled as soon as possible after milking and must be kept cool until used.

The milk must be pasteurized or boiled.

There is no doubt that raw milk has no advantage but is a constant source of danger to its user. The danger of infection with diphtheria, dysentery, typhoid fever, scarlet fever, septic sore throat and, as late works have shown, streptococci infection which may lead to rheumatism, appendicitis, etc. is entirely avoided by boiling. Furthermore, we know that the protein curds in the stools can be prevented by boiling.

A few simple rules in artificial feeding which will prevent much difficulty are:

Whenever we start with a new food we should begin with very small quantities and only when the tolerance for that food is established go to the full amount.

It is much easier to increase the food than to have to decrease it after damage has been done by over-feeding.

Whenever circumstances arise which lower the tolerance, we must cut down the amount of food. Therefore, in all cases of fevers, during hot weather, etc., the feeding should be lessened.

Under-feeding, unless persisted in for long periods does no harm.

Over-feeding is the source of most feeding disturbances.

I hope I have said enough to show you that the feeding of the infant is not a matter to be learned mechanically, but involves many problems.

As wrong feeding may have far reaching consequences, feeding of the infant should be left to those who know its problems.

Coöperation as a Factor in the Work of the School Nurse*

GENEVIEVE CONWAY, ELIZABETH RODGERS, ELIZABETH CLEVELAND, AGNES J. MARTIN

One of the most important attributes of the successful school nurse is the ability to do "team work;" another is a willingness to work for the joy of accomplishment, even though the credit for that accomplishment be gathered in at some other door than hers.

In most of the families visited by the school nurse problems will be met which she will be unable to solve unaided, and a thorough knowledge of the relief agencies in her neighborhood, coupled with the ability to give and take assistance gracefully, will make her path much smoother and materially increase her usefulness to the community. The nurse who is able to go into a home which has been disorganized by illness, poverty or unemployment; classify the existing conditions; set in motion the proper machinery for relief; and stand by until rehabilitation is well established; will in a very short time make for herself a place in that neighborhood which it might otherwise take years to win.

In her work with the school children she meets many opportunities for coöperation in solving the problems of other social workers in her district; and should be just as ready to give assistance as to receive it, remembering always that the field is large and fertile, and that no one individual or organization can prepare all the ground, or sow all the seed, and that the gathering of the harvest must be left in most cases to other hands.

The school nurse plays an important part in bringing about a close coöperation between the Departments of Health and Education in her city, as by virtue of her work she has the viewpoint of both departments, and usually possesses the con-

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* Paper read at Session on School Nursing, New Orleans, April 27, 1916.

fidence of both. In addition she should be in close touch with the other nursing organizations, the relief agencies, hospitals, churches, employment bureaus and courts.

Much has been said and written during the past few months on the subject of duplication by specialized nurses and the advisability of greater generalization in public health work. While there undoubtedly is much to be said in favor of generalization, experience in one city at least, has proven that it is *not* necessary as a means of preventing duplication of effort. In all public health nursing the keynote should be, not generalization, nor yet specialization, but coöperation, for upon the ability to coöperate must depend the success of any effort for social betterment, whether individual or organized.

A common interest in the health of the community affords the best possible meeting point for nurses engaged in the various forms of public health work, and if this interest is sufficiently sincere and earnest to raise the nurse above the plane of self-interest there is slight possibility of friction. There should be a thorough understanding on the part of the individual nurse of, not only the duties, responsibilities and limitations of her own organization, but also the functions and limitations of all other Public Health Nursing Organizations in her community. She should know *personally* the other nurses working in her district, and should be able to confer with them oocasionally on their common problems. This will give not only a sense of mutual support, but will also enable each to get the other's angle of vision. This, with a frank, cordial understanding between the officials of the various groups will do much to prevent friction and duplication of effort; and though it is not within the range of human possibility to entirely eliminate crossing of wires, yet when this does occur, it will be found that the fault lies, not with the system, but with the individual, and the occurrence should be looked upon as the exception which every system, even the best, may expect.

The churches of the community in which the school nurse works, can be utilized by her for the advancement of her work in many directions; the most important being as an aid in gaining entrance to the homes and in securing the confidence of the people, which, especially among our foreign-born popu-

lation, is not a simple matter. The mothers in these districts are afraid of strangers coming into their homes, and suspicious of anything that is given to them without cost; American customs are new to them, and they cannot understand why the nurse should interest herself in their children; why she should instruct them in the care of these children, nor why they should follow her advice. A conference with the pastor of the local church or with the principal of the parochial school, will often result in these difficulties being removed from the nurse's path, for the pastor is usually willing to take up individual cases with the persons concerned and, in matters of general importance, to explain the situation from the pulpit, in this way making for the nurse a place in that neighborhood which it would be difficult to gain in any other way.

By giving her an opportunity to address their organizations, particularly the mothers' clubs, telling of her work, the churches aid materially in the educational campaign carried on by the school nurse, as advice given to a group is often more acceptable than that given to an individual who is apt to be more or less on the defensive. If personal advice becomes necessary later, the mother will be found to have a broader view of the situation and a more receptive attitude. In the matter of material aid the church is often helpful, particularly in those emergencies which temporarily remove the props from under a normally self-supporting family that would rather suffer privation than go on the books of any charity organization. In these cases the pastor can usually arrange for relief that will save the situation without undermining the character of the recipient. He can also be of assistance in getting free hospital care in case of illness. The Ladies' Aid Societies and Sunday School Classes are often able to help in paying for eye glasses, braces, baby outfits, etc., while the moral support given by a friendly visitor from the church often saves a family from discouragement and disorganization.

With the passing of the old hit or miss form of charity there has come into every community, some form of organization among relief agencies, which has for its object not only the relief of suffering and want, but also the preservation or restoration of family unity and self-respect. In one com-

munity this organization may be known as the Associated Charities; in another as the Relief and Aid Society, and in others by still other names; but whatever the name, it is usually a "port in a storm" to the social workers of the community and particularly so to the school nurse who so often finds that the physical and mental defects of the children are due to conditions not within her sphere of activity, but which involve social and economic situations, requiring complete re-organization and re-adjustment of the family, before the child's defects can be corrected. This being true, it is of the utmost importance that the nurse taking up school work in any community, familiarize herself with the location and function of the various local relief agencies, and particularly that one which represents organized charity. In rural districts where the calls for assistance are apt to be infrequent, there are at least two sources from which relief may be drawn, i.e., the Church and the County, and oftentimes the former is more desirable, as the needy man or woman is not, as a rule, averse to taking temporary aid from the church, whereas being "on the county" would be a fatal blow to pride and self-respect.

In her relations with these various agencies, the nurse, to get results, must show a proper consideration for their methods and for the time of their workers. In referring cases to them only authentic, pertinent facts should be reported; correct names and addresses and a brief, concise statement of conditions found will save time and energy and will do much to win for the nurse the confidence and coöperation of the relief organizations.

Employment agencies and employers of labor are often valuable aids in solving family problems, and the wise nurse will get in touch with those in her district as soon as possible; will make requests for help from them, and will persevere in her efforts to find employment for her people, even though, in some cases, she may meet with the experience of the nurse who after weeks of "job hunting" on behalf of the boarder whose failure to pay resulted in cutting off the family milk supply, went joyfully to report success, and was met with the announcement that the "job" would be superfluous, "Because," the boarder announced with the air of one who has wrestled

successfully with a knotty problem, "I get married nex' week, the woman, she work." That nurse is a good Christian, as well as an enthusiastic social worker, so no doubt the Recording Angel dealt kindly with the thoughts that came to her mind at that moment.

When all else fails, the nurse who is trying to make the children in her schools more fit to meet the exigencies of life, can wield the "big stick" by hauling the indifferent parent into Court, and allowing him to come under the "strong arm of the law;" but she must, before doing this, have a knowledge of the laws, state and local, and know which court deals with cases such as the one she has in hand. The Courts with which a school nurse is most concerned are the Juvenile Court, which tries cases of parental neglect and juvenile delinquency; the Court of Domestic Relations, dealing with situations affecting the home life of the child; and the County Court, which has the power to commit to institutions the blind, the feeble-minded and the epileptic. It is not enough for the nurse to report a case to the Court, she must stay behind it, and convince all concerned by her earnestness and perseverance that the situation is grave and merits serious consideration and prompt action.

In small communities the preparation of evidence would probably be left largely to the nurse, who must exercise great care if she wishes to secure the continued coöperation of the Court. Brevity, clarity, truth and a logical sequence in the arrangement of facts are highly valued by a busy judge. In cities cases are followed up by court investigators, who are usually very glad to avail themselves of the assistance of the nurse in securing evidence. Fortunately for the nurse the moral effect of one successful Court case in a neighborhood is far reaching and quite lasting and acts as a wholesome deterrant on other families in the same class.

Coöperation then must be the keynote of the school nurse's work if she hopes to reach the highest possible plane of achievement, coöperation which has for its object only the physical and moral betterment of the child; and which, in its essence, resembles somewhat the spirit of the college athlete to whom the individual is important only in his relation to The Team.

A Series of Talks on Public Health Nursing

MARY BEARD

(Continued)

II. Bedside Visiting Nursing

Interest in preventive medicine, interest in preventive nursing is very easily aroused and kept aflame in these days of efficiency. Sometimes I think we forget the great universal experience which is the foundation of all public health nursing and the excuse for all the teaching we do.

Pain and distress enter all kinds of homes. The nurse who can relieve and comfort our pain, who can sometimes change by her skill the very course of our distress becomes a forceful element in any home. District nursing in organized form had its beginning in England because one public spirited citizen of Liverpool recognized so clearly from his own personal experience of family illness and family nursing what a bedside nurse could do in the homes of the poor of his city.

This was in 1859 and it is interesting to know that many of our present day plans of organization are exactly similar to those adopted then. Liverpool, for instance, was divided into eighteen districts, there was a Nurse Superintendent, nurses were especially prepared to do district nursing, they lived in a central house, and a rule existed even then that forbade nurses to give material relief.

The most striking unlikeness to our modern ideas was that which limited the service to those who were known as "the poor." One could not accept this service unless he were willing to accept something for nothing. Income was the criterion and any extension of this means of health to the public as a whole had not been thought of. In 1874 in England a National Nursing Association was begun under the Order of St. John of Jerusalem, the object of which was to provide "more fully trained nurses for the poor." From the beginning bedside

visiting nursing has received generous popular support. In 1887 the visiting nurses of England united in a national society of district nurses known as the "Queen's Jubilee Nurses." In 1897 Canada followed with its "Victorian Order" and in 1912 in the United States was organized the "National Organization for Public Health Nursing."

The very unusually rapid growth of public health nursing during the last ten years has been due to the awakening of public interest in the reduction of infant mortality, in the campaign against tuberculosis and in the health work that may be done through the agency of the public school nurse.

In 1901 there were fifty-three visiting nurse associations in the United States. In 1914 there were two thousand and sixty-six. This enormously rapid increase has had a very marked effect upon the character of the present position held by public health nurses. Nurses wholly unfitted for the work have been thrust into it. Boards of managers, equally ignorant of what were the most vital health needs of their community and what the best methods of attacking them, have organized visiting nurse associations broadcast throughout the land.

"There's a Divinity that shapes our ends"—and from much confusion and many blunders has emerged that new and indispensable factor in the modern health crusade—the public health nurse.

A public health nurse is a visiting nurse in whose mind is first and foremost the *idea of prevention of disease and disaster.* This one distinctive feature the public health nurse will always have whether she wears the garments and carries the bag of the bedside visiting nurse, of the Baby Hygiene nurse, of the School, or Factory or Tuberculosis nurse, or whether in the person of the rural nurse she combines all these functions in herself. Sometimes public funds are drawn upon for her salary, sometimes there is a combination of public and privately contributed money, more often, perhaps, private societies finance the work—but wherever the money comes from, whatever is the form of visiting nursing done, if *prevention is the foundation idea* in the nurse's work, then she is most certainly a public health nurse.

The New York Health Code states that

> Every health officer or other official exercising similar duties, by whatever official designation he may be known, shall have power to employ such number of public health nurses as in his judgment may be necessary within the limits of the appropriation made therefor by the city, town or village. They shall work under the direction of the health officer and may be assigned by him to the reduction of infant mortality, the examination or visitation of school children or children excluded from school, the discovery or visitation of cases of tuberculosis, *the visitation of the sick* who may be unable otherwise to secure adequate care, the instruction of members of households in which there is a sick person, or to such other duties as may seem to him appropriate.

The Ohio State Board of Health has published a pamphlet from which I quote the following:

> In conclusion, we desire to emphasize that the public health nurse whether employed by a city, county, or voluntary organization is *not* a charity agent. Her work is that of a nurse and a teacher. Further, that while a large part of her work will be gratuitous service in the homes of the sick poor, at the same time she will be at the paid service of self-supporting and self-respecting families. A family whose bread winner earns from fifteen to thirty dollars a week cannot possibly afford to hire a trained nurse to give her whole time to a sick or injured member at home. At the same time such a family is not an object of charity. It can afford and would be willing to pay a fee for a daily visit from the public health nurse and this service should be provided for the people of this state not only in the large cities but in the remotest rural sections as well. It is the aim and purpose of the State Board of Health through its Division of Public Health Education and Tuberculosis to aid in the establishment of such a service to the end that those who are now well may learn to keep well, and those who are sick may have the nursing care which their individual needs may demand.

Upon the foundation of good, kind, thorough, bedside nursing is built the superstructure of preventive nursing as it has developed today. More important than this historic value of bedside nursing is its value today as a practical, available and at present indispensable means to an end.

Through sickness the public health nurse is introduced into hundreds of homes whose doors would otherwise be closed. Coming as she does to "console and cure" she becomes the family friend who may say frankly what she believes and who

because her chief interest is to do preventive nursing will teach and demonstrate the principles of health as no other health officer has an opportunity to do.

This paper, if it is to be of any service, must deal with the methods and practices existing today in the administration of bedside nursing care as it is given by the visiting nurse.

"To care for the sick in their homes." This, or something like it, we find in every visiting nursing association constitution. "The sick in their homes"—what a picture of the most intimate and sacred experiences of our lives these words call up! If we undertake to enter here we must see to it that the policy directing such privileged and responsible work is such as will secure and keep women of the very finest type—women who care about "people" as human beings, women of education and fine sympathy, women of humor and women who have a broad outlook over life. The community nurse of today must be a "social worker" because without social work there can be no preventive nursing. It is no longer true (if it has ever been so) that a good technical nurse alone is useful in visiting nursing because the sick-nursing is of little constructive value. Let us not under-estimate our function in the community. Agencies of many kinds there are whose object is to build up again that which has fallen. How we public health nurses could exist without them I cannot imagine. It is however with a greater opportunity even than these that we approach our work for if we are awake to it we may often and often observe conditions in time to act in such a way that the fall never takes place at all. This is not an easy task. It requires all we have to give and granted we start with an ideal woman as a public health nurse she will have constantly to train hands and head and heart if she is to meet the needs as she will long to do and upon the details of the policy adopted by an association will ultimately fall the responsibility of seeing to it that this continuous growth is possible. Just what does the modern public health bedside nurse do? A three act play alone can picture it—written words cannot. A normal morning in a Branch Office worked into the form of Act I in such a play readily and naturally introduced twenty-six different agencies upon which the nurses called. All means must be tried to pre-

vent disease—all means adopted to reëstablish health. Let us take for consideration our "Policy" and our "Rules"—

GENERAL INFORMATION

1. The Association provides trained nurses whose duty is to visit sick persons in need of nursing care, to care for them at their homes, and to teach the families they visit the simple rules of nursing and hygiene.

2. The cost of a nurse's visit is fifty cents. Nurses will collect as large a part of this fifty cent fee as the patient is able to pay. The payment of small fees, thirty-five cents, twenty-five cents, or ten cents, for each visit makes it possible for the Association to care for a larger number of those unable to pay anything.

3. The nurse responds to every new call, but she continues with the care of the case only in conjunction with the physician in attendance.

4. Waiting maternity patients will be visited as soon as reported. The nurse is not on call for patients at time of delivery, but after visits to maternity patients will be made.

5. The nurses' hours for visiting are between 8.30 a.m. and 5.30 p.m. The patient in greatest need receives the first visit, therefore nurses cannot promise to visit any patient at a fixed hour day after day. Only necessary visits are made on Sundays and holidays.

6. Special nurses for constant day or night service are furnished when the doctor considers it inadvisable to send the patient to a hospital; when the case is not chronic; when the case will not require more than three days' continuous nursing. The services of these nurses shall be paid for whenever possible.

7. Calls at night must be made by physicians for cases of emergency only.

8. All cases requiring help other than nursing care in the home are reported to other sources of aid.

RULES FOR PUBLIC HEALTH NURSES

I

The duties of a public health nurse in the home are twofold—

First. To give bedside care

All nursing procedures must be carried on with a scrupulous observance of recognized technique. Home conditions must not be permitted to lower nursing standards. The cost of a nursing visit is $.50. When unable to collect this amount the visit will be made for a smaller fee or for nothing.

Chronic patients are considered particularly in need of attention. Such patients require encouragement as well as nursing care. Suitable and interesting occupation will do much to keep a chronic invalid in good

mental condition. Members of the family sometimes need a reminder of the helplessness of the patient and the monotony of her life.

Second. To observe and teach

For effective health teaching the welfare of the whole family must be considered.

Careful observation of existing conditions is essential to this necessary instruction. A nurse's responsibility toward a family should prompt her to give a fuller knowledge of the value of wholesome living: in particular, order, cleanliness, regulation of daily life (diet, clothing, sleep, fresh air, recreation). She will be on the alert to observe incipient stages of disease, such as mouth breathing, sore throat, affections of the skin, persistent headache, cough, oedema, general debility. She must also note defective vision, bad teeth, arrested development. She will inform herself of the sanitary condition of the home and neighborhood. In order to remedy improper conditions observed, she must be familiar with coöperative agencies, recognizing the agency best suited to meet her immediate need. Her responsibility ends only when active work by such an agency has been begun. Families presenting other than simple problems must be referred to the Case Committee.

The Instructive District Nursing Association is not a relief giving organization.

Nurses shall not receive presents of value from patients or friends of patients.

II

Duties in the Station

1. Report at 8.30 a.m.
2. Leave station by 9 o'clock.
3. Return to station between 1.30 and 2.30 p.m.
4. When possible, return to station by 5 p.m. Complete and file all records of day's work before leaving office.
5. Daily reports shall be written in pencil, as they are not permanent records.
6. Leave bags ready for use next day.
7. No nurse must leave station at night until she has reported to the supervisor.
8. In giving the weekly half-holiday, the work must be considered before the individual preference of the nurse. Substitutes are not provided for holidays.

The Supervisor is responsible for the conduct of her station and for the mailing of daily reports. Each nurse is directly responsible to her Supervisor. She must therefore discuss all cases freely with the Supervisor and be guided by her advice.

III

Duties to the Association

The Association stands for the best ideal of public health nursing in this community, and recognizes a responsibility to maintain and advance such nursing standards as are set forth by the National Organization for Public Health Nursing. Each staff nurse is expected to uphold this policy of the association if necessary at some personal sacrifice in furthering the development of the work of her own station. No nurse is an isolated unit in the Association, nor is she merely a member of the group in her own station. The organization is as strong only as each member of the staff makes it by recognizing her responsibility to the best interests of the whole Association. Each nurse's faithful attention to punctuality and office routine, with a conscious recognition of the ideals of the Association, will make that unity of staff without which there can be no progress.

Our records are kept for the purpose of bringing to the public facts which no other organization can supply. Keeping accurate records, then, is a privilege as well as a responsibility. Such records are of value not only to public health work in Boston but in other communities.

Cordial coöperation with the Central Office is necessary for effective work.

IV

Information

1. Only graduates of a course in public health nursing are eligible to staff membership.
2. Probation, one month; salary, $70.
3. Salaries—$76 for staff nurses; $81 to $100 for supervisors.
4. Vacation—one month during the year.
5. One half-holiday each week, only necessary work done on Sundays and legal holidays.
6. Prescribed uniform to be worn on duty. Material can be bought at the Central House. No jewelry must be worn.
7. Car fares while on duty are paid for by the Association.
8. A month's notice is required and given when a nurse withdraws from the Association. In exceptional cases the Association may not observe this rule.
9. A certificate of health signed by a physician is required.

Substitutes

Salary—$60.

Prescribed uniform to be worn when on duty.

On duty 8.30 a.m. Sundays and legal holidays for necessary work only. One half-holiday each week.

Vacation—One month after one year's service with the Association.

Observe rules for staff nurses.

To carry on nursing procedures without violation of recognized technique is not easy—"home conditions" do try so hard "to lower nursing standards." It *is* discouraging to find the father of the twins quite drunk, lying on the bed with one of the twin babies sleeping with his little head close to the father's great heavy boot and to find the mother too intoxicated herself to know about it.

A routine procedure for all nursing care seems an efficient means towards our end. Such a detailed routine as the following should insure uniformity in staff work and does without doubt save time once it is learned exactly.

NURSING TECHNIQUE

General Directions

I. Clean uniform and clean apron. Nails to be kept trimmed and clean.

II. Bags

Instrument case to be pinned on same side as bottle rack

Liquid soap and towel

III. Thermometer disinfection

To be washed thoroughly under running water before using—after using, to be scrubbed with liquid soap on cotton under running water—to be dried with clean cotton.

Bag linings to be changed once in two weeks.

Bottles to be labelled. Corks with letter of contents—A B C—kept in alphabetical order for convenience.

Lost articles to be replaced at nurse's expense at end of three days.

Instruments to be boiled before and after dressings. After using for other purposes clean with soap and water.

Note books, charts and pencils to be kept in long pockets.

Bed-side notes to be used when advisable. Brushes and case to be boiled at night. Catheter and rectal tube to be boiled after use and kept in clean compress.

IV. Routine in house

Remove hat and coat, placing on wooden chair away from wall. Place bag on chair, or if placed on table, put newspaper under it. Open bag, put on apron, taking hand-washing things to sink to wash hands. Take thermometer also if it is to be used. Take everything needed for visit from bag to prevent unnecessary handling of bag. If necessary to return to bag, wash hands. Wash hands, remove apron.

District nurse's card left in new homes at first visit.

V. When generalizing (dressing—confinements) extra apron supplied by the Association to be left in the homes.

Typhoid Fever

It is never desirable to nurse a typhoid patient in the home unless a private nurse is in attendance. When the patient *must* be nursed at home observe the following rules in addition to usual procedures.

Leave hat, coat and bag in outer room. Select member of family to care for patient. Instruct her as to nature of disease; method of communication and necessary precautions.

The family should have

1 pint alcohol	Unslacked lime
Bottle of glycerine	*Rubber sheet
Bottle of lysol or some antiseptic	Wash boiler
Lemons	Pitcher
Rectal tube and funnel	Cotton
Thermometer	Toothpicks
*1 Bed pan	Toothbrush
1 dish pan	Sauce pan to heat milk
3 basins	Dishes for patient's use
Covered pail	2 aprons for selected home nurse

A sick room should be quiet, ventilated, sunny and with no unnecessary furniture. Approach this as far as possible.

Put on a separate table soap, nail brush, toilet basin, pitcher of water to be used for scrubbing hands after caring for patient. Also basin of creolin to dip hands in after scrubbing.

Keep on another table articles for patient's use.

Teach family the many precautions that must be taken for the protection of themselves. Teach the care of the patient's mouth by cleaning with a wash made of equal parts of glycerine, lemon juice and water. Teach how to make swabs with absorbent cotton for this purpose. Teach the importance of changing the patient's position frequently and rubbing the back well with alcohol and powdering and the giving of a bath.

Excreta from bowels, kidney and bath water, together with the water with which the nurse has scrubbed her hands are disinfected with lime (unslacked). This is done by mixing the excreta with double the amount of lime and pouring *hot* water over it and letting it stand for an hour. This process generates enough heat to kill the organism.

All soiled linen together with wash cloth and towel must be put in boiler of boiling water and suds and boiled before being washed.

Apron to be left in patient's room.

Going in from day to day the nurse should interest herself in finding out the source of infection and obtaining typhoid vaccine for the other members of family and the bacteriological examination of excreta before patient is finally discharged. Be sure that the case has been properly *reported to* the Board of Health.

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* From district loan closet.

Pneumonia

Nursing Care

A sick room should be quiet, ventilated, sunny and with no unnecessary furniture. Approach this as far as possible.

Temperature of room 65° to 70° unless the physician prescribes otherwise.

Have single bed, or if this is not possible, have patient the only occupant. Have warm, light-weight body and bed clothing.

Obtain physician's instructions for giving treatment.

To one responsible member of the family, give thorough and careful instructions as to what shall be done between the visits of the nurse. These instructions should include the following:

Temperature bath

Diet

Teach ventilation of room

Care of bed pan—keep thoroughly clean with scalding water—using soap powder after dejections.

Patient must be kept in bed and never allowed to exert himself.

Cleanliness of patient and bed is essential. Special attention should be paid to hands and nails.

Nourishment must be given regularly.

Medicine must be given exactly as ordered by doctor.

Teach mother to use medicine and food chart as follows:

Glass of milk	8 o'c	Cross off hours as food is given
Glass of broth	10 o'c	
Glass of milk	12 o'c	
Egg drink	2 o'c	
Glass of broth	4 o'c	
Glass of milk	6 o'c	

Teach mother how to fill and apply icebag.

Care of mouth—prepare a mouth wash in covered glass. Make mouth swabs of toothpicks and absorbent cotton. Teach mother to use them. Have newspaper ready on which to place swabs as soon as used once. Burn at once.

Teach mother how to change bedding and arrange pillows.

Teach mother the danger of bedsores and means of prevention.

Teach the necessity of keeping patient's room clean and orderly.

Keep patient quiet and allow no visitors.

Leave district nurse card with telephone number and office hour.

It is not easy to care intelligently for chronic patients because it requires so much more than the technical nursing. The individual must be studied and understood if the visiting nurse is to keep him happy and help his family to give him comfort as well as care.

If I were asked to give the three essentials of administration, in order that the individual public health nurse might find room for growth and development in her work I should say, I think,

1. Definite ideals
2. Discipline
3. A democratic relation between Nurses, Superintendent and Board.

By this last I mean that understanding by each of what each is trying to do that brings with it mutual sympathy and a modification of the plans of one by the knowledge of the desires and needs of the others.

The Board considers a new policy—the group of supervisors should know why—The Superintendent should carry from one group to the other details of work and ways of thinking which when really understood will bring the public into that democratic relation without which those social reforms which come about through legislative action are never accomplished. Whatever will bring the staff into close relations with the Board of Directors, is good for our ideal of "*Public*" health can never be realized until the people who suffer from social injustice are brought very close to those who do not, and the agent to bring this about must be that worker who sees with her own eyes and feels the suffering so strongly that she will be able to make others feel also. A standard may be maintained by means of grading a staff of nurses. Any ambitious staff will be glad of this method, I believe. Perhaps the five most important points for such efficiency marks will be the following:

1. Nursing technique
2. Social work
3. Ability to observe and teach
4. Record keeping
5. General attitude.

Women who give out constantly, and any good public health nurse must do this, must be safe-guarded in their private lives so that some of the restful, inspiring, refreshing experiences of life may come in to them. Ths wisdom of this is self evident and its direct bearing on a salary policy obvious.

Sick leave and leave for preventive resting when this seems wise are also obviously common sense.

Many small details have a direct bearing on good bedside work. The bag, the uniform, the contents of the bag, the supply closet—all these are important. Our bag is a black calf-skin Boston bag—weight five pounds and ten ounces filled. It contains

- Instrument case
- Scissors
- Forceps
- Probe
- Thermometer
- Rectal thermometer
- Rectal tube
- Catheter, rubber
- Bag, containing
  - Gauze
  - Absorbent cotton
  - Bandages
  - Compress
- Safety pins
- Liquid soap
- Nail brush in rubber bag
- Orange-wood stick
- Towel
- Apron
- Alcohol
- Dermatol
- Boric acid powder
- Corrosive tablets
- Vaseline
- Adhesive
- Memorandum book
- Pencil, black and red
- Clinical charts
- Bedside notes
- Tongue depressors
- Funnel
- Toothpicks

and costs $8.50 unfilled.

A bedside nurse requires a uniform. It should be inconspicuous and pretty.

The supply closets should contain at least the following articles and duplicates of them if there are patients in need of more than the regulation one or two:

- Sheets
- Pillow cases
- Nightgowns
- Baby clothes
- Premature jackets
- Old linen
- Flannel bandages
- Cotton bandages
- Bed pan
- Rubber invalid ring
- Ice bag
- Douche bag
- Hot water bottle

There should also be head rests, wheel chairs and baby carriages for the use of the patients.

Records and record keeping are an important part of the

daily routine and cannot be adequately dealt with here. They are essential for three reasons:

1. To watch the growth of old work and stimulate our interest in it.

2. To provide information for other local agencies.

3. To contribute toward broad constructive health movements.

Medical and social facts must both be recorded and available for immediate use. Public health nursing associations have not yet begun to recognize the powerful force they possess in these records of sickness. If they are put into a form similar to those forms used by governmental health authorities they will be of untold value in the coming struggle to secure health and maternity insurance.

Never from the days of William Rathbone's nurses down through the years to today has there been a successful district bedside nurse unless she was also a woman with a kind heart and a conscientious intention to do her nursing work as thoroughly as possible. In addition to these qualities we are demanding much of her today, or rather, she is demanding much of herself, for it is as an effective officer of Preventive Medicine that she takes her stand and fights her good fight.

To be continued

The National Organization for Public Health Nursing Question Corner

600 Lexington Avenue, New York City

The Quarterly Committee has been pleased to set aside space for the benefit of those who desire and need an opportunity to ask questions and hold discussions on vital topics in relation to their local work, but who for various reasons cannot attend the conventions and conferences held principally for just such discussions.

Please send questions to the offices of the National Organization for Public Health Nursing, at 600 Lexington Avenue, New York City, marked "Question Corner" and they will receive attention through the pages of the Quarterly.

Readers are invited to make this corner a live one by supplementing the answers given in this department, sending in their opinions on topics that come up for discussion.

News Notes

A generous compliment was paid to the National Nursing Organizations by the management of the Hotel Grunewald in New Orleans, the Convention Headquarters, in the form of a luncheon to Miss Emma L. Wall and her Committee of Arrangements. The statement was made that out of 67 conventions held in the hotel, that of the nurses had been the best arranged, had given the least trouble and had been in every way the most satisfactory. Incidentally, it was also said that the nurses had worked harder and had given less time to sight-seeing and recreation than had any other group of Convention visitors.

An interesting and amusing side-light was thrown on one characteristic of the Nurses by a brief dialogue overheard at the registration desk of the Hotel Grunewald. A new visitor had just arrived; he demanded "a room with bath." The clerk threw up his hands in despair. "What," he exclaimed, "a room with *bath!* Why, you might as well ask for the moon! Don't you know there is a *Nurses' Convention* here?"

The Metropolitan Life Insurance Company recently announced that it is prepared to offer ten scholarships of $250 each, during the scholastic year 1916–17, to any course of instruction in public health nursing conforming to certain standards and requirements to be set up by the National Organization for Public Health Nursing. The object of these scholarships is to encourage the development of schools in public health nursing in the Southern States. These scholarships are available to Southern women for work in the South. To meet the requirements for these scholarships it is urged that postgraduate courses in public health nursing be established by colleges and universities in conjunction with standard visiting nurse associations. This affiliation is indispensable, because neither institution is equipped to supply both theory

and practice. While a few such courses have been given by schools of philanthropy and nursing associations, sooner or later it has been found necessary to secure the more liberal advantages offered only by colleges and universities. Teachers College, Columbia University, is the only one which has developed a course that can be said to even approximate completeness. Aside from its full two years course leading to a Bachelor of Science Degree in Nursing, Teachers College also offers a special course of one academic year which provides for one semester devoted to theory and one to practicé under supervision. Courses are also offered in Boston by Simmons College and the Instructive District Nursing Association; by Western Reserve University and the Visiting Nurse Association of Cleveland, Ohio; by the University of Pennsylvania and the District Nursing Society of Philadelphia; and in connection with the Ohio State University at Columbus, Ohio.

The State Board of Health of North Carolina and the Metropolitan Life Insurance Company have made a joint agreement for the establishment of Public Health Associations throughout the state. The Metropolitan Company, while continuing to pay on a visit basis for the nursing care of its policy holders, will share with the state the expense of a Traveling State Public Health Supervisor. The communities themselves will be expected to aid in financing their nursing services. North Carolina is not only the first state to undertake this State Health Unit, but was also the first state to install a whole-time Health Officer.

The nursing staff of the Metropolitan Life Insurance Company in Louisiana are to be appointed sanitary and health officials under the State Board of Health.

The National Conference of Charities and Correction held its annual meeting in Indianapolis from May 10 to 17. Five sessions on health subjects were arranged under the leadership of Dr. J. N. Hurty of the Indiana State Board of Health and Dean Charles P. Emerson of the Indiana University School of Medicine. Health discussions were also sprinkled throughout the entire series of sessions.

The Virginia Public Health Association held its Annual Meeting from May 8 to 10, at Newport News, Va. An interesting and instructive program was provided, covering The Control of Communicable Diseases, Hygiene of the School Child, and Public Health Organization. A section on Follow-up Work in connection with school children was supplied by public health nurses engaged in county and city school work.

Public Health Nursing was given an important place on the program of the Annual Convention of the Iowa State Association of Registered Nurses, held at Burlington, Iowa, May 18–19. Papers on the following subjects were given by nurses engaged in public health work: "The Public Health Nurse, Her Preparation and Civic Responsibilities;" "The National Organization for Public Health Nursing;" "Community Coöperation in Public Health Nursing;" "Status of School Nursing in Iowa;" "Tuberculosis—The Iowa Nurses' Responsibility;" "Infant Welfare Nursing in Iowa." A Round Table was also provided for Board Members of Visiting Nurse Associations.

The Pennsylvania State Organization for Public Health Nursing was formed at a meeting recently held in Philadelphia. The Organization was a result of a request from Public Health Nurses throughout the state, who felt the need for closer association for inspiration and assistance, and to be kept informed concerning the development of the various methods and phases of Public Health Nursing.

In the article on "Obstetrical Work in the District," which appeared in the April issue of the QUARTERLY, an error was made which we have been asked to correct. The post-partum nurse was spoken of as referring families to the various relief organizations; that duty, however, is entirely under the supervision of the ante-natal department.

We have been asked to call attention to the fact that the paper on "The Value of Health Exhibits at County Fairs" which appeared in the April issue of the QUARTERLY, was originally

read at the American Public Health Conference held in Rochester in September, 1915. This reference was omitted at the time the article was published, but is necessary, as certain statements made in the paper regarded work to be conducted in 1915 and not, as might otherwise appear, in 1916.

Book Reviews and Bibliography

Diets for Children. By Louise E. Hogan. The Bobbs-Merrill Company, Indianapolis. Price $0.75.

The preface of this readable little book gives very excellent reasons for its existence.

The right selection and preparation of food has a correspondingly increasing value the younger the child; until with infants correct feeding is of paramount importance. The entire future health of the child may depend upon the knowledge or lack of knowledge relative to the necessary foods for children, and it is essential that not only physicians and nurses but mothers and children's attendants should be conversant with food values.

In the light of the varying opinions of our foremost pediatricians, some of the positive statements about quantities and hours of feeding might be misleading. For instance, Mrs. Hogan's carefully prepared table of hours for nursing might be criticised by many physicians, who believe in a longer period of rest between feedings. Frequently, definite tables are rigorously adhered to, and the individual needs of the child are not recognized; for this reason we are glad to read Mrs. Hogan's advice to "Ask physicians for definite directions."

Emphasis of the need to vary the monotony of the child's diet is worthy of note, and Mrs. Hogan's carefully explained recipes will be of great value to the reader.

HARRIET L. LEETE, R.N.

First Aid in Emergencies. Eldridge L. Eliason, M.D. J. B. Lippincott Company, Philadelphia. Price $1.50 net.

Eldridge L. Eliason is a surgeon. In this little book he suggests practical ways of meeting the ordinary emergencies of everyday life as they arrive. His suggestions especially cover the needs of those in out of the way places. Technical details are uniformly omitted throughout the book. The mind of the reader is thus not bothered by a mass of non-essentials.

The content of the book deals principally with first aid treatment in cases of sudden haemorrhage, shock following injury, poison emergencies and drowning. Fractures, dislocations and sprains also receive consideration. Methods of emergency treatment are stated logically. In addition they are graphically outlined, making the points easy for the lay mind to grasp. The book is plentifully supplied with practical illustrations, which will be of material aid in carrying out treatments. Its two hundred and four pages are printed in compact form and might be a well worth while book to accompany the boy scout, fisherman or sportsman on a vacation tour.

ISOBEL M. FLEMING, R.N.

Bulletins, Pamphlets, etc. All those who are interested in health insurance, as outlined in Miss Halsey's article in this issue of the QUARTERLY, will be glad to know of a pamphlet recently published by the Committee on Social Insurance of the American Association for Labor Legislation, and entitled "Health Insurance. Standards and Tentative Draft of an Act." Further information in regard to this important health development may be obtained from the Committee, 131 E. 23d St., New York, N. Y.

The Red Cross Visiting Nurse, the monthly publication of the Red Cross Town and Country Nursing Service, contains, in the issue of May 29, some interesting remarks in regard to the relation of the public health nurse to the giving of material relief. These remarks are particularly interesting in view of the action taken at the Convention in New Orleans in regard to this most important question, and which is outlined on another page of this issue of the QUARTERLY.